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IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other traumatic event, the medical examiner must be for field at any injury.	M-
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

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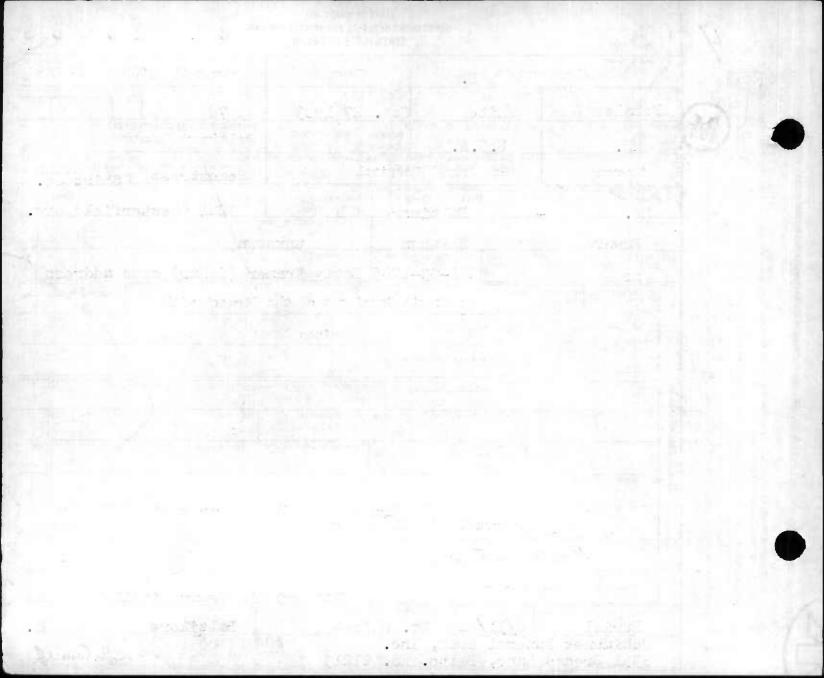
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 heurs, efter death	with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or remaval.

1.	FOR STATE REGISTRAR			DEPAR		E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2	2	0) (
	CEASED NAME	Margare		DOLE	į.	Tase	20. DATE OF DEATH August 2		YEAR	2b. HC
	Female		White	9	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	YRS.		IF UNDE
+	IRTHPLACE (STATE C COUNTRY) Md.		CITIZEN OF WI	Α	WIDOWE		9 BALTIMORECITY O Baltimore	County		
	Towson		(IF NOSINESUCH F	Joseph Rei	Hospit	or other institution	120. USUAL OCCUPATION OF SEAMST?	F WORKING LIFE)	126. KIND C INDUSTRY Shir	Aet
13a.	Md.	131 COUNTY		VE RESIDENCE BEFO 3c. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO		hester	fiel	d A
	ATHER'S NAME FIRST Edward			Shann		15. MOTHER'S MAIDEN NA. FIRST UNKY	MIDDLE	ec	LAS)T
	WAS DECEASED EVE (YES, NO OR UNKNOWN) NO	(IF YES, GIVE W.	AR OR DATES	66. SOCIAL SEC 214–03		Betty Kran			e add	lres
	Conditions, if or gave rise to it cause (a), sta	ny, which	(b)	AS A CONSEO		Ascites				
NOI	Conditions, if or gave rise to i couse (o), sta underlying cau	my, which mmediate ting the see lost.	DUE TO, OR A	AS A CONSEO	UENCE OF	Ascites NOT RELATED TO THE TERM	MINAL DISEASE OR CON			
RIFICATION	Conditions, if or gave rise to it couse (o), statunderlying cau PART 2. OTHER SI	ny, which mmediate ting the se last. GNIFICANT COMMENTATION	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON	AS A CONSEO HTRIBUTING TO ON FOR WHIC	UENCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USE
CAL CERTIFICATION	Conditions, if or gave rise to it cause (o), state underlying cau	my, which mmediate ting the see lost. GNIFICANT CONTRACTION PATION JUNDERLYING	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON	AS A CONSEO STRIBUTING TO ON FOR WHIC	UENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	NGS USI
MEDICAL CERTIFICATION	Conditions, if or gave rise to it couse (o), std underlying country of the countr	ATION CATION CAUSE OF DEATH COLORED CAUSE OF DEATH	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON 19b. CONDITION 21b. TIME OF HOUR A.M. P.M. 21e. PLACE OF	AS A CONSEO ATRIBUTING TO ON FOR WHICH INJURY MONTH	DEATH BUT TH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WIN CERTIFY IN YES ERY IN ITEM 18 PART	'ERE FINDING CAUSES OR PART 2)	NGS USE S OF DEA NO [
	Conditions, if or gave rise to it couse (o), statunderlying cau underlying cau. PART 2. OTHER SI 19a. DATE OF OPER 21a. ACCIDENT WAS LOR CONTRIBUTING [IFEITHER, NOTIFY MILE] 21d. INJURY OCCL WHILE ACCIDENT WAS LOR CONTRIBUTING [IFEITHER, NOTIFY MILE] 21d. INJURY OCCL WHILE ACCIDENT WAS LOR CONTRIBUTING [IFEITHER, NOTIFY MILE] 22a. I certify that	MY, which mediate ting the se lost. GNIFICANT COP RATION INDERLYING	DUE TO, OR A (b) DUE TO, OR A (c) NDITIONS CON 19b. CONDITION 21b. TIME OF INDUR A.M. P.M. 21c. PLACE OF (AT HOME, STREE) ottended the contended the	AS A CONSEO ATRIBUTING TO ON FOR WHICH INJURY MONTH FINJURY T, FACTORY, OFFICE deceased from	DEATH BUT H OPERATIO DAY YEAR 19 E, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI	200 AUTOPSY? YES A NO RED (ENTER NATURE OF INJU CITY OR TO	20b. IF YES, WIN CERTIFYIN YES THE PART OF	COUNTY	NGS USE OF DEA NO
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DHMH - 16 50M 4/82 (VRA 15, 4)



	FOR 1 - STATE REGISTRAR	
4	1. DECEASED NAME FIRST TYPE OR PRINT)	M A
	FEMALE	4 RACE WHITE
/	RUSSIA	76. CITIZEN OF WHAT
	PIKESVILLE	11. NAME OF HOSPI (IF NOT IN SUCH FACIL MILFORD
7	MARYLAND	
/	14 FATHER'S NAME BENJAMIN	RABO
)	160 WAS DECEASED EVER IN U.S. AR (YES, GO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b S VE WAR OR DATES) 21.
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE 4349 IMMEDIA	nly one cause per line for ED BY: TE CAUSE (a)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	NEG-E-TRI-TRI					REG. N	O.		
{TYP	CEASED NAME FRUIT	n A	MIDDLE	TY	954LISKI	PHG.	23/8:	YEAR	12 PM
) E	FEMALE	4 RACE WHIT		S. DATE C	C. 22, 1922	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	HOURS MIN.
	RUSSIA	USA		WIDOWE		9 BALTIMORE CITY C			MD
	PIKESVILLE	MILFO	CHEACILITY, GIVE STREET AD	DRESS)	PSING HOME	HOUSEWIF	ON EWORKING LIFE)	126. KIND O INDUSTRY AT	HOME
134	AL RESIDENCE (IF NUM NG JOME OR STATE MARY LAND	OTHER INSTITUTION	BALTIMORE	,	13d. INSIDE CITY LIMITS? YES 14 NO	3930 CLARI	NTH RD.	#21	215
14. F	ATHER'S NAME BENJAMIN	MIDDLE	RABONÓWITZ		ELIZABE	TH	UN	IKNOWÑ	ľ
160 \	WAS DECEASED EVER IN U.S. AR YES OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	217-60-21		3930 CLARIN		LISKI LTO., M	1D 21	215
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT C	DUE TO, O		ATH BUT		INAL DISEASE OR CON	DITION GIVEN 206. IF YES, W IN CERTIFYIN		
MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	TH HOUR A.	OF INJURY .M. MONTH DAY YEAR .M. 19		21c. HOW INJURY OCCURR	YES NO	YES TRY IN ITEM 18 PART	_	но 🗆
MED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY SEET FACTORY OFFICE FARA	M ETC }	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	27a. I certify that (I) (this hosping saw the deceased alive an abave, (I) (we) (did) (did no abave, II) (we) (did) (did no abave, II) (See Amary Samary Sam	N view the body	alter death. 19—	M	6864 PA	MEDICAL STAL	ate and hour an	224. DATE	
23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	AUG. 25			ORE HEBREW	REISTER	STOWN	°UNITY BALT	O. STATE

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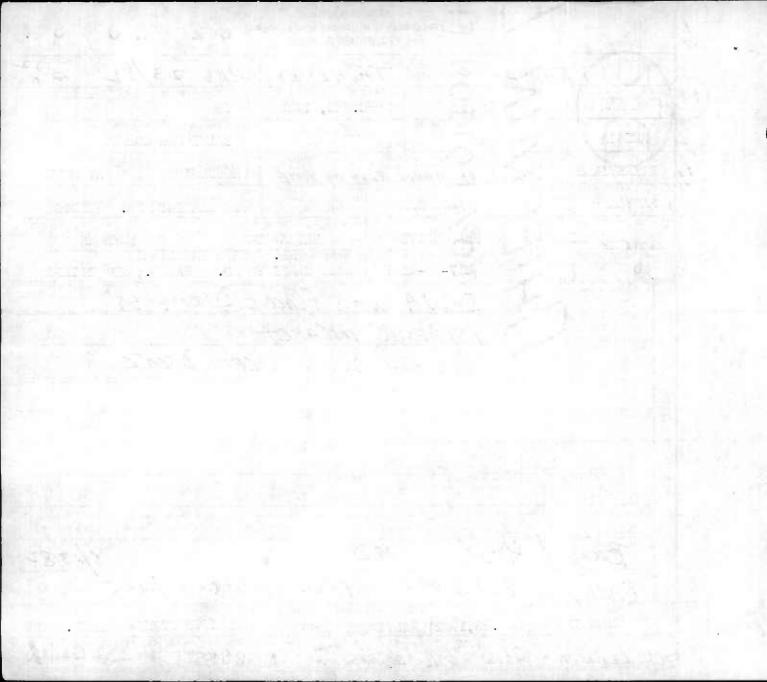
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WPORTANT, If hem 21 is morked or

AUG. 25, 1982

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24 FUNERAL DIRECTOR EISTERSTOWN 250. D'ATE REC'D. BY REGISTRAR 256. 6



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		CEASED NAME FIR		WIDDLE		LAST	20 DATE OF DEATH		1.0
	3. SE		roy 4. RACE	l. 1	EMPLE S DATE O	OF BIRTH 3 O 3 O	August 16		YEAR IF
)		Male	Wh	ite	Oct	Day - Jacob	64 69		PATS HO
35	N	RTHPLACE (STATE OR FOREK COUNTRY) aryland	US	F WHAT COUNTRY	MARRIE		9. BALTIMORE CITY O	County OF DEAT	н
57	R	ossville 212	37 Frank	clin Squa	re Hos	or other institution	120. USUAL OCCUPAT Type of work for most of Truck Driv	OF WORKING LIFET INDUS	TRY Co.
36	136. Ma	ryland B	ome or other institutio COUNTY altimore	13c CITY OR TON Middle	WN	13d. INSIDE CITY LIMITS? YES NO 🔣	13e. STREET ADDRESS 27 Chande	elle Rd. 2]	
30			harles Ter	_		15. MOTHER'S MAIDEN NA FIRST		1.65	LAST
dire		VAS DECEASED EVER IN U	S. ARMED FORCES?			17 INFORMANT	ADDR		
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Audiu fun sw	CERTIFICATION	PART 2. OTHER SIGNIFIC				NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	NDINGS ISES OF
8	CERT	210. ACCIDENT WAS UNDERLYI		OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES RY IN ITEM IS PART LOS PART	N 121
17		OR CONTRIBUTING CAUSE	OF DEATH	.M. MONTH D	PAY YEAR				
rked or h	MEDICAL	21d INJURY OCCURRED NOT WHILE [AT WORK	LAT HOME C	OF INJURY TREET, FACTORY OFFICE,		211 LOCATION STREET	CITY OR TO	wn county	
# 21 is mo		220 I certify that (I) (this saw the deceased ali abave, (I) (we) (did) (c	ve on August	t. 16 10	Augus 82 , an	od that in (my) (aur) apınian a	, 10	16 19 82 ate and haur and Iram	
# He		77h SIGNATURE	Hoffman		/	MD ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	FF \	F/16
2-3		22d. PHYSICIAN'S NAME	011	ana)		22e ADDRESS	HEAD C	BALT	1
IMPORTAN)	0.3	URIAL, CREMATION, REMO	HOFF MI			EMETERY OR CREMATORY	23d. LOCATION	101121	1

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cai should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the

IMPORTANT: If them 21 is marked or them 18 shaws any

may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR			DEPA		FICATE OF DEATH	0	Z REG. NO.	2	0	ÚÓ	Ó
	CEASED NAME	FIRST		MIDDLE		LAS1	20. DATE OF DE		TH DA	Y YEAR	2b HOU	R
(,,,,	or relial)	JAMES		М.	TH	OMAS		8	/10/1	1982	12:0)5pm
3. SE	х	4	. RACE		5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEAR	LAST BIRTHDAY		UNDER 1 YEA	AR IF UNDER	
	Male		Whit	ce	8	13 1941	40		YRS.	ANTHS DAT	3 HOURS	MIN.
	Maryland	FOREIGN 7	U.S.A	WHAT COUNTS	MARRIE	D NEVER MARRIED	9 BALTIMORE Bal	timor		F DEATH		MD.
10 C	Towson		(IF NOT IN SU	HOSPITAL, NUR CHEACILITY, GIVE STE R BALTO.	REET ADDRESS)	OR OTHER INSTITUTION NTER	120. USUAL OCI Mainter	UPATION R MOST OF WOR	Mana	12b. KIND INDUSTR ger I	of Busine	Store
13a. S	AL RESIDENCE (IF NUR STATE evada		THER INSTITUTION		FORE ADMISSION	13d, INSIDE CITY LIMITS? YES X NO [13e STREET ADD	oress rth En	cant	o Apt	. 126	
	Robert	M	H.	Thốm	as	IS. MOTHER'S MAIDEN NA		IDDLE		ı	Kern	
16a \	WAS DECEASED EVER			16b. SOCIAL SE		17. INFORMANT		ADDRESS				
(NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	218-38	- 3664	Joan Johnson	1 706 Hi	ghwood	Dr.	Balt	o. Md	•
NOI	gove rise to immediate couse (a), stating the underlying cause last. (c)			DR AS A CONSEC	teriosclerotic cardiovas CONSEQUENCE OF UTING TO DEATH BUT NOT RELATED TO THE TERMI					N IN PART 1(0)		
TIFICAL	19a. DATE OF OPERA	ATION	19b. CONE	OITION FOR WHI	or which operation was performed			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO YES X NO			H?	
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEAT	Р	.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR						
WED	21d. INJURY OCCUR	HILE []		OF INJURY IREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET	c	TY OR TOWN		COUNTY	5	TATE
	220.1 certify that (I sow the decea	sed olive on_	-	8/10 19	0.0	7/30 , 19.82 nd that in (my) (our) opinion	deoth occurred o	8/10 n the date a			, that (I) (v	
	226 SIGNATURE	the &	? ife	ou_			MEDICAL DIRECTOR	STAFF PHYSICIAN	₩.		1/82	
	22d PHYSICIAN'S N		Brown,			6701 North	Charles	Street		2020)4	
23o. E	Burial, CREMATION	, REMOVAL	23b. DATE Aug. 1	4,1982		EMETERY OR CREMATORY Sheppard Cemet		licott			aryla	nd
	onard J. I	Ruck,	Inc. Ba	ltimore	, Mary]	and AU	G 1 2 198	STRAR 25K	EGISTRA	IR'S SIGN	Shul	*

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retained by the haspital or attending physician.

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DHMH - 16 50M 1/81 (VRA 15, 4)

If O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 7 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is morked or them 18 shaws any injury, or other traumatic event, the medical

must be notified of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

8	L	2	0	U	6	
			9	40	-	•
	REG. NO.					

1	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYC	GIENE 8 2	2	0	U	6	1
ł	1 DEC	CEASED NAME FIR	061	MIDDLE		AST	REG. N	O.	DAY	YEAR	2b. HOL	10
1		OR PRINT)		, model			20. DATE OF DEATH	MONTH	DAT	TEAR		
1			ry	Agnes		nomas		08	15	82	9:4	- 791
١	3 SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BI	(THDAY)	MONTHS	DAYS	HOURS	R 24 HRS
ı		Female		Thite	11	06 1898	83	YRS				
1		RTHPLACE (STATE OR FOREIG	ON 76 CITIZ	EN OF WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNT	Y OF DE	ATH		7
3	Ba	Itimore. Md.		I-S - A-	WIDOWE		Baltimo	re Co	unty			MD.
1	10 CI	TY OR TOWN OF DEATH		ME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT				F BUSIN	ESS OR
Ĵ		Woodlawn	Ar	lington Bap	tist N	ursing Center	Home Make			USTRY Home	2	
1	13a. S	AL RESIDENCE (IF NURSING H	COUNTY	TITUTION, GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS?	138. STREET ADDRESS					1 11
0		Maryland	Baltime			YES NO T	717 Crosb	v Ros	d 21	228		
	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME	7 1100				
		Joseph	MIDDLE	Dock	0.1	Marv	MIDDLE			Z am	azla	
+	160 W	VAS DECEASED EVER IN U	S. ARMED FO			17. INFORMANT	ADDR	ESS p.	altim			
1	(Y	(ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR I	219-26-	4590	Mrs. Virgini	a Campbell-	1517	Ada	mav	in Ma	p.d.
ŀ		No				12.5	a Jampoerr					
1		PART I. DEATH WAS C	nter only one co CAUSED BY:	ouse per line for (o), (b),	ond (c).	Call an	1. D.		В	ETWEEN	MATE INTE	DEATH
1			AEDIATE CAUSI		cleratic	Cardiovascu	iar viseque			_		
1		7272	DUI	TO, OR AS A CONSEG	UENCE OF							
ı		Conditions, if ony, wh	ich ((b)								
-[gove rise to immedia couse (o), stating	the DUE	TO, OR AS A CONSEG	UENCE OF							
1		underlying couse lo	ost.	(c)			1000	11/10			4	
	z	PART 2 OTHER SIGNIFIC	ANT CONDITI	ONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	IVEN IN F	ART 11c	i i	
4	CERTIFICATION	190 DATE OF OPERATION	1 1106	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY?	TOOL IE VI	ES MEDE	FINIDIN	loc uce	
/	FIC	190. DATE OF OPERATION	140	CONDITION FOR WHIC	LH OPERATIO	N WAS PERFORMED		IN CERT	ES, WERE IFYING C	AUSES	OF DEA	LH5
Ц	E						YES NO		res 🔲		NO [
		210. ACCIDENT WAS UNDERLY		TIME OF INJURY OUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR I	PART 2)		
	CAL	(IF EITHER NOTIFY MEDICALEX		P.M.	19							
1	MEDICAL	21d. INJURY OCCURRED	TATE	PLACE OF INJURY HOME, STREET, FACTORY, OFFIC	E EADM STC)	211. LOCATION	CITY OR TO	OWN	COL	INTY		STATE
1	2	AT WORK NOT WHILE		ione, sincer, racioni, orne	E, TAKIN ETC J	Page 1997						
1		220.1 certify that (I) (this	hospital) atter	nded the deceased from	June	2 , 19 80	, to August	15	. 198	2	that (I) (we) lost
1		sow the deceased of obove (1) (we) (did) (ive on Augu	15, 19	82, or	nd that in (my) (our) opinion	deoth occurred on the d	ote and ha	our and fr	om the	ouses st	oted
-[22b. SIGNATURE	ala nor) view ir	le body after death.		DEGREE			220	DATE	SIGNED	
		016.11	14 (1)	yan /	MW	ATTENDING	MEDICAL STA	FF Change	C	111	182	
\exists		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	10 11	.,,	22e ADDRESS			10	//0/	0	
ı		Darold K.	Reard	M _e 1	0		Reisterst		Md.	2113	36	
1	23a. 8	URIAL, CREMATION, REM				11 E. Chesti	23d. LOCATION	•				
	(:	SPECIFY) Burial					CITY OR TOWN		COUNT	_		STATE
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(mm)	1.58	М		4 RACE		5. DATE C MONTH 06		9 ^{YEAR}	6. AGE (IN YEARS LAS	YRS	IF UNDER 1 YEAR	IF UNDER 24 HI
		RTHPLACE (STATE OF COUNTRY) Maryland		1	WHAT COUNTI	WIDOWE	D D	MARRIED .		MORE	COUNTY	
36	1	OWSON, N	1D.	GBMC-	HOSPITAL, NUR	CHAF			(TYPE OF WORK FOR MO Farme	ST OF WORKING L	(FE) INDUSTRY	ired
35	13a S	al residence (if Nur State aryland	SING HOLL OUR	OTHER INSTITUTION	130 CITY OR TO Balti		YES 🔀	NO 🗌	13e STREET ADDRES 6300 BC		Road	
300		Dr. Cha			ilghma			'S MAIDEN NA/ Elizabe	th		Don	nell
paged .		VAS DECEASED EVER YES, NO OR UNKNOWN) Yes	(IF YES, GIV	MED FORCES? VE WAR OR DATES) VE T	553 01		Mrs.		aret R.	A. Til	ghman,	San
emoval event, th		18 CAUSE OF DEA PART I. DEATH	VAS CAUSE	nly one cause pe D BY: TE CAUSE (a)	PNUEM						BETWEEN	WEEK
ve corbi		Conditions, if any			LUNG	OUENCE OF CANCER						
ose remo		gove rise to im couse (a), state underlying caus	ng the	DUE TO, C	R AS A CONSE	QUENCE OF						
Then ple to burio injury, or	NO	PART 2. OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING '	TO DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	ONDITION GI	VEN IN PART 10	a '
out out	CERTIFICATION	19a. DATE OF OPERA	MOIT	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN	
or 18 Age		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA	HOUR A	OF INJURY .M. MONTH .M.	DAY YEAR	21c. HOW II	NJURY OCCURE	RED (ENTER NATURE OF I	NJURY IN ITEM 18	PART I OR PART 2)	
t the but	MEDICAL	21d. INJURY OCCUP	HILE		OF INJURY REET, FACTORY OFF	CE, FARM ETC)	21f. LOCATI		CITYO	RTOWN	COUNTY	STATE
for use of Hedit	-	22a. I certify that + saw the decea abave, (4) (we)	sed olive on		91				ta8/(19 <u>82</u> ur and from the	that (+-(we)) causes stated
detached are Dept.		22b. SIGNATUIN	igg	les , 1			DEGREE	ATTENDING	MEDICAL S DIRECTOR PHY	TAFF SICIAN	220 DATE	9-P2
PORTAN		G. HIG	IAME (TYPE C	PRINT)			GBMC		N. CHARL	ES ST		
55) 3****	23a E	BURIAL, CREMATION (SPECIFY) Cremati	, REMOVAL	23b. DATE 8/10		Green			23d LOCATION CITY OF TOWN Balto.	1	COUNTY	Md . STATE

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., Md.

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21212

S ST. Balto., COUNTY Md.

REG. NO.

2b HOUR 5:00AM

126 KIND OF BUSINESS OR INDUSTRY Retired

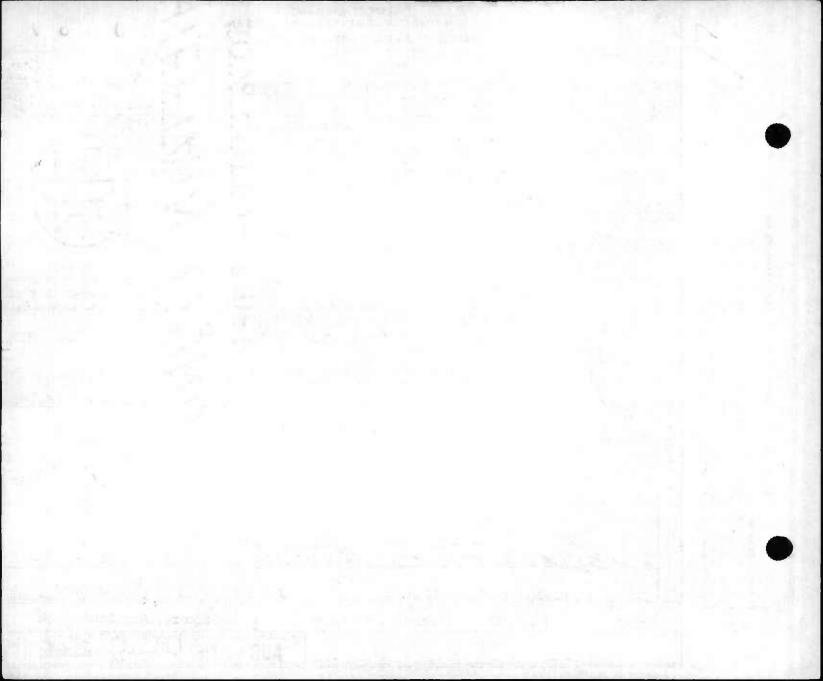
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WEEK

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STATE OF MARYLAND



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STATE OF MARYLAND

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10	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 0	0	71
		CEASED NAME FIRS	PHIA	C.		MC TAICIC T		MONTH DAY	YEAR	2b. HOUR
-	_			٥.		TZINSKI	August 12		DER I YEAR	6:45Am
M)	3. SE	x Female	4. RACE Whi	te	Feb	DAY YEAR	81	YRS.	HS! DAYS	HOURS MIN.
35		RTHPLACE (STATE OR FOREIGH COUNTRY) aryland	76. CITIZEN O	• A •	MARRIEI WIDOWE	D NEVER MARRIED DINORCED	Baltimore city o			MD.
58	10. C	Towson		UCH FACILITY, GIVE STREET	G HOME C	PR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF HOUSEWIF	ON 1: F WORKING LIFE) IN		F BUSINESS OR
25	13a	at residence (if nursing host ary land 136. (ME OR OTHER INSTITUTION OUNTY Saltimor	13c CITY OR TOW		YES NO 💢	13. STREET ADDRESS 1314 Gle	enmont	Road	d
and 25	14. Fz	Theofil	WIDDLE	Skalinsk	i	Josephi	ne		zams]	ki
medical		VAS DECEASED EVER IN U. YENOOR UNKNOWN) (IF Y	S. ARMED FORCES' ES, GIVE WAR OR DATES)			Eileen F.	ADDRE Winebrunn		212 Glei	39 nmont R
i please remove carbanpapers. virial, cremation, ar removal. y, ar ather traumatic event, the		PART 2 OTHER SIGNIFICA	DUE TO, th Due TO, th Due TO, th Co Due TO, th Co Due TO, th Co Due TO,	OR AS A CONSEQUE OR AS A CONSEQUE	ence of condence of ence of		INAL DISEASE OR CONI	DITION GIVEN II	Sn	5
Then Tabi	N O			(Ville	tes mellite	6			
ene pria	CERTIFICATION	19a. DATE OF OPERATION	19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
the burial-transit permit. Then plea and Mental Hygiene prior to burial ked or Item 18 shows any injury, or a		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX-	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
ond ond ted	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	WN /	COUNTY	STATE
for use of Hea 21 is m		22a I certify that (I) (this saw the deceased all above, (I) (we) (did) (c	ve on	76 19), or	nd that in (my) (our) apinion	death accurred on the d	ite and hour and		that (I) (we) last causes stated
be detached e State Dept. TANT: If them		22b. SIGNATURE	(Dest		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		22c. DATE	PZ
RTAN		22d. PHYSICIAN'S NAME				22e. ADDRESS		60m	2001:	50.1
with the		1.1.	Platt,	M.D.		406 Easte	rn Blvd.	687-3	3924	

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

etained by the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by th should be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 shauld be filed

24. FUNERAL DIRECTOR
NAME
William E E. Johnson8521 Loch Raven Blvd

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE

Baltimore, Maryland Aug. 16, '82 Baltimore National

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requires that the death certificate be executed within 24 hours aft

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital ar attending physician page 3 er death

and campletely filled in by the

IMPORTANT: If them 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

	OF MARYLAND	,
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	STATE REGISTRAR		DEPARTME	CERTIF	ICATE OF DEATH	REG. N	0.	0 0	
	CEASED NAME	FIRST	MIDDLE	1.7	AST			DAY YEAR	2b. HOUR
(ITPE	E OR PRINT)	VIRGINIA	KERR	V	ANCE	8/9/83	2		12 • 371
3. SE	X	4. RACE		S. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 I
	Female	Cauc	asian	Dec		70	YRS.	AONTHS DAYS	HOURS
	IRTHPLACE (STATE OR FO		OF WHAT COUNTRY?	8.		9. BALTIMORE CITY C		OF DEATH	
Pe	ennsylvani	ia U.S	S.A.	MARRIE[WIDOWE	DIVORCED D	Baltimore	Count		
	ITY OR TOWN OF DEAT	H 11. NAME C	F HOSPITAL, NURSING	HOME O		12a. USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS
	Towson	Greate		e Med	ical Center	Libraria	n	Libr	ary
13a. S		3b COUNTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	aryland	Baltimor	e 21212		YES NO X	509 Cas	tle D	rive	
14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
	Harold		Kerr		Lenette			Bonr	ley .
	WAS DECEASED EVER IN	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES	1		17. INFORMANT	ADDR			
	(YES NO OR UNKNOWN)		213-10-6	726	William H.	Vance509	Cast		ve21
	Canditions, if any,	which (b)	OR AS A CONSEQUEN		carcinoma of	the lung			
IFICATION	gave rise to imme couse (0), stating underlying cause	which (b) (c) DUE TO, (c) FICANT CONDITIONS	Mucinous a	adeno	NOT RELATED TO THE TERM	NAL DISEASE OR CON	20b. IF YES, IN CERTIFY	, WERE FINDING	OF DEATH?
CERTIFICATION	gave rise to imme couse (a), stating underlying cause PART 2 OTHER SIGNII	which digite the last. (b). (c). (c). (c). (c). (d). (d). (d). (d). (e). (e). (e). (e). (e). (e). (e). (e	Mucinous at OR AS A CONSEQUEN CONTRIBUTING TO DE NOTICE OF INJURY	ATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES (GS USED DF DEATH? NO []
AL CERTIFICATION	gave rise to imme couse (a), stating underlying cause PART 2 OTHER SIGNII 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDERLOR CONTRIBUTING CA	which diote the DUE TO, Ici. FICANT CONDITIONS ON 19b. CON RLYING 1 21b. TIME HOUR	Mucinous at OR AS A CONSEQUEN CONTRIBUTING TO DE NOTION FOR WHICH O	ATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? YES X NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES (OF DEATH?
MEDICAL CERTIFICATION	gave rise to imme couse (a), stating underlying couse PART 2 OTHER SIGNII 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE	which diote the DUE TO, (c). FICANT CONDITIONS ON 19b. CON REVING 12b. TIME USE OF DEATH LEXAMINER) D 21e. PLACE LEXAMINER)	Mucinous at OR AS A CONSEQUEN CONTRIBUTING TO DE NOTICE OF INJURY	ATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	20a AUTOPSY? YES X NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES (OF DEATH?
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MEDICAL	gave rise to imme couse (o), stating underlying cause PART 2 OTHER SIGNII 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CALL OF COURTE OR CONTRIBUTING AT WORK 21d. INJURY OCCURRE AT WORK AT WORK 22a.I certify that (I) (f) saw the deceased above (I) (we) (dic 22b. \$1.50 AT) 22d. PHYSICIAN'S NAN Charles	which digite the last. (c). FICANT CONDITIONS FICANT CONDITIONS DN 19b. CON 19b. CON 19b. CON 21b. TIME HOUR 12 to PLACE (AT HOME. AE (TYPE OR PRINT) C. Brown,	Mucinous a OR AS A CONSEQUEN CONTRIBUTING TO DE NOTIFICATION FOR WHICH O E OF INJURY A.M. MONTH DAY P.M. STREET, FACTORY, OFFICE, FARM 19 482 19 dy ofter death.	Adeno ICE OF ATH BUT I PERATION YEAR 19 M.EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 25 , 19 82 d that in (my) (aur) opinion of the complete	200 AUTOPSY? YES NO CITY OR TO ED (ENTER NATURE OF INJU CITY OR TO MEDICAL STA DIRECTOR PHYSIC 1es St., Ba	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	COUNTY (9 82 the distribution of the county) (22c. DATE S 8/10	STATU
WEDICAL 23a. B	gave rise to imme couse (a), stating underlying cause PART 2 OTHER SIGNII 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE NOT WHILE AT WORK 22a. I certify that (I) (for saw the deceased above (I) (we) (dic 22b. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	which digite the last. (c). FICANT CONDITIONS FICANT CONDITIONS DN 19b. CON REVING 19b.	Mucinous a OR AS A CONSEQUEN CONTRIBUTING TO DE NDITION FOR WHICH O E OF INJURY A.M. MONTH DAY P.M. STREET, FACTORY, OFFICE, FARM 19 482 19 48.0 M.D. 136. NA	Adeno ICE OF ATH BUT I YEAR 19 M.EIC) 6/on	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET 25 , 19 82 d that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC 123d LOCATION	20b. IF YES, IN CERTIFY YES OWN ote ond hour FF IAN alto, N	COUNTY 22. DATE S 8/10	STATI STATI STATI That (1) (we) auses stated IGNED 1/82

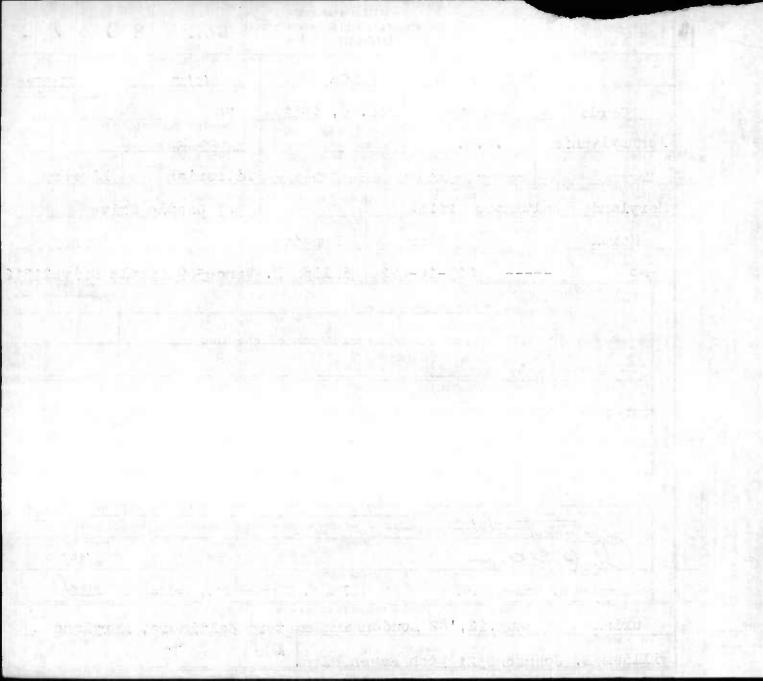
Raven Blvd

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
William E

E. Johnson8521 Loch

BP.



executed within 24 hours death certificate be ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.

completely filled in by the full

STATE OF MARYLAND

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYGI FICATE OF DEATH	IENE 8 2	2 0	0 7	3
		PHIE A	MIDDLE E. VESP IS DATE:	ER OF BIRTH	24 DATE OF DEATH A U 6 AGE (IN YEARS LAST BIR	MONTH DAY G 19 THDAY) IF UNDE	YEAR 26. HO	M ER 24 HRS
	F		W MONT	H DAY YEAR	8	YRS. MONTHS	OAYS HOURS	MIN
	IRTHPLACE ISTATE OR FOREIGN	N 75 CITIZEN OF	WHAT COUNTRY? & MARRIE WIDOW	D NEVER MARRIED	BALTIMORE CITY C	R COUNTY OF DE	INTY	MD
	ITY OR TOWN OF DEATH DVNDALK	HER	HOSPITAL, NURSING HOME (CHEACHTY, GIVE STREET ADDRESS)	RSING HONE	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RETIRE	OF WORKING LIFE) IND	KIND OF BUSIN	IESS OR
13a. S	ATHER'S NAME	OME OR OTHER INSTITUTION COUNTY BALTO	130 CITY OR TOWN DVN DALK		130 STREET ADDRESS	LANDDI	9LE	RD
	JOHN	A. V	ESPER	MARY	ADDR	HILM	IER	
	WAS DECEASED EVER IN U YES, NO OR UNKNOWN] (IF Y	ES, GIVE WAR OR DATES	214-22-7647	JOHN VES	PER 92		APPROXIMATE INT	P
NO	Conditions, if any, whi gave rise to immedia couse (a), stating to underlying cause la	ich (b)	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	IDITION GIVEN IN	PART I(o)	
CERTIFICATION	190. DATE OF OPERATION	19h COND	DITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERI IN CERTIFYING (YES [ATH?
	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A	DFINJURY m. MONTH DAY YEAR .m. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	112 HOUR 61	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cou	UNITY	STATE
	.22b. SIGNATURE	did not) view the body	19 a	nd that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	ram the couses set. DATE SIGNED	itoted
23a l	BURAL, CREMATION, REM	OVAL 236. DATE	CO CODE	220 ADDRESS 703 S-	Clinton 123d LOCATION	ST.		7476

DHMH-16 25M (VRA 15, 4) 1/79

TO HOSPITA

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item 18 shows

BURIAL 24. FUNERAL DIRECTOR NAME CONNELL

FUNERAL HOME OF DUNDAL AUG 25 1982

PLANDERS HORSELF ASSERTED BETTERS TO THE THE THE DAY OF THE PARTY SHEET SHEET SHEET file the wind the sease seems Exten ed lago, out the TO CHARLES TO SHEET TO SEE STATES OF THE

FOR - STATE

REGISTRAR

FIRST

DECEASED NAME

(TYPE OR PRINT) **VLECK** FRED CHARLES 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX White MONTH 12 26 56 Male 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED New York, N.Y. BALTIMORE COUNTY TISA WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) GBMC 500 6701 WE NEET AD CHALRES ST. TOWSON 21204 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 130 STATE 135 COUNTY Baltimore Monkton 13d. INSIDE CITY LIMITS? 2107 Corbett Rd. 21111 Maryland NO PX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Fernand Vleck Olga Paperek 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT WWII- Korea 100-20-7031 Joanne L. Vleck. Wife Same 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and C LMONARY ARREST PART I. DEATH WAS CAUSED BY: CARD I OPULMONARY IMMEDIATE CAUSE (0) DUE TO, OR AS ACORONIARY ARTERY DISEASE Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause 70 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED p IN CERTIFYING CAUSES OF DEATH? NO the burial-transit and Mental Hygie 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21a. PLACE OF INJURY 211 LOCATION markedar CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated view the body offer death 77h SIGNATUR DEGREE ATTENDING MEDICAL uld be deta TO FUNERAL should be determined the State PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME ITIM DEPRINT 22e. ADDRESS

LOMANT MD

8/24/82

23b. DATE

ARTHUR

230 BURIAL, CREMATION, REMOVAL

Burial

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

20

YES [

GBMC 6701 N. CHARLES ST, TOWSON MD

23d LOCATION

COUNTY

IF UNDER 1 YEAR

2b. HOUR

12b. KIND OF BUSINESS OR

Clock &Watch

APPROXIMATE INTERVAL MINUTES

MONTHS TO

YEARS

NO [

STATE

LAST

20. DATE OF DEATH

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP

24. FUNERAL DIRECTOR Funeral Home PA 1407 Old Eastern Ave. AUG Bruzdzinski

23c NAME OF CEMETERY OR CREMATORY

St. John's Luth. Ch.

Cemetery Sweet Air Balto Co Md

22c. DATE SIGNED

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M. CHAPLES ST. TOWESH ME	107 CHED	GIT TIMES L C TU	Trua
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		TOUR ASSESSMENT DATE OF THE	

DHMH - 16 50M 1/81 (VRA 15, 4)

Seath. Page 4 may be

	ECEASED NAME FIRST	MIDE	DIE	LAST	20 DATE C	FDEATH	7-8	2	2b. H
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I. SE	EMALE	Can	ASIAN 1	5. DATE OF BIRTH DAS / 28	3		BLYRS.	UNDER 1 YEAR	IF Ut
M.	BUNTRY) USA	76 CITIZEN OF WH		MARRIED NEVER MARRII WIDOWED DIVORCE	DU	DRECITY O	ME/C		UN
10,0	Baitmore		SPITAL, NURSING ACILITY, GIVE STREET ADD	HOME OR OTHER INSTITUTION		OCCUPATION EWIF	ON ORKING LIFE)	126. KIND C	OF BUS
5 130.	JAL RESIDENCE (IF NURSING HOLD STATE	DTHER INSTITUTION GIV	E RESIDENCE BEFORE AD	DMISSION) 136 INSIDE CITY LIA	4 1	70	ON	100.11	111
14. F.	ATHER'S NAME	MIDDLE	IASI.	15. MOTHER'S MAIL	- 1000	MIDDLE	van.	co p	111
	villane		Collins	marc	1		6	56he	~
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16	4	TYNO. 17 INFORMANT	44.	ADDRE	ss . D.	ulan	cy
1	8 CAUSE OF DEATH (Enter of		(12 - 22-	1434 Stalk	Maris	H123 p	ve-	2 APPROX	-/2
	DADTI DEATH WAS CALLS	DUE TO, OR A DUE TO, OR A DUE TO, OR A (b) DUE TO, OR A	s a consequence	CE OF OSCIETOFIC CE OF	Va Seed	E OR CONE	OSCO SC		
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C 2 - L & R THE STATE OF THE ST Y Cathanare 2001 TY Bufford en Stelle plane, Horace Willes William Bellines & Let VI alle Ullege He have below the many to be to be and 212-22 Mar Stelle Marin Hollow 2 2224 Long when there I for the or LIEV YSKALUS BOISBON BIRAN ALANTS . The same of the Ser ON BUA TESTS . ONE NAME TO THE ACCOUNT AND SECOND

executed within 24 hours af certificate be law requires that the death ATTENDING PHYSICIAN:

Page 4 may be

completely filled in by the funeral di

STATE OF MARYLAND

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	REG	NC

1-	FOR STATE REGISTRAR	DEPA	ARTMENT OF H	HEALTH AND MENTAL HYG	IENE 8	NO	2 0	0 7 6
I. DE	CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	erdinand (Fred)	A.	Vo	Lkert	August.	31. 19	82	6:00km
3 SE		4 RACE	5 DATE C	OF BIRTH	4. AGE (IN YEARS LAST I	IRTHOAY)	IF UNDER I YEAR	
n	nale	white	Nov	0 .000	81	YRS.	MONTHS DAYS	HOURS MIN
₹a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
//4	ountry)	U.S.A.	WIDOWE	17	Baltim	ore Co	unty	MD.
1	TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH EACHLITY, GIVES 1240 Brewst			12a. USUAL OCCUPA (TYPE OF WORK FOR MOS	TION	12h KIND (of Business OR
13a S	eryland Bal	OR OTHER INSTITUTION, GIVE RESIDENCE E	TOWN	13d. INSIDE CITY LIMITS?	134. STREET ADDRES		Street	
14 FA	art Volkent	MIDDLE LAST		15 MOTHER'S MAIDEN NA FIRST	ME		LA	AST .
	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO	17 INFORMANT		RESS		
,	n.o	217-0	7-7965	Mrs. Doris	. Roman	1240 B	rewster	Street
		inly one cause per line for (a), (b) ED BY ATE CAUSE (a) Mefas	, and Ich	Adeno Carcin	ena		11	NONSET AND DEATH
	Canditians, if any, which	DUE TO, OR AS A CONSE						
	gave rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSE	EOUENCE OF					
N Q	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	INDITION GI	IVEN IN PART 1	(a)
CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATIO	ON WAS PERFORMED	YES NOW	IN CERT	ES, WERE FIND IFYING CAUSE 'ES	INGS USED S OF DEATH?
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18,	PART I OR PART 2)	
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	saw the deceased alive a	aital) attended the deceased from Uhig. 27	am May	nd that in (my) (gur) apinian	death accurred on the	date and ho		e causes stated
	278 SIGNATURE	R. Morem	-, ma	ATTENDING PHYSICIAN		TAFF SICIAN 🗌	22c. DAT	31/82
	Dr. David R.	Moseman, M.D.		22R ADDRESS 4713 Leed	ds Avenue	21	227	
23a E	BURIAL, CREMATION, REMOVA		13c. NAME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE
(burial.	9/3/82	1 and an	Parkford	Baltin	rore (ity Mar	1 1
24. FI	UNERAL DIRECTOR	***	<u></u>	250. DAT	REC'D. BY REGISTRA		TRAR'S IGNA	THRE PLA
1	Imbrose Funeral	Home 1328 Su	Iphur S	pring Rd. SEI	P = 111182	Joan	~	CHARLES !

1328 Sulphur Spring Rd.

DHMH-16 25M (VRA 15, 4) 1/79

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic TO THE RESIDENCE OF THE PARTY O

within 24 haurs ofter death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, a should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages 1 and 2 shauld be filed within 72 hours of with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remayol.

1	•	FOR STATE REGISTRAR
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

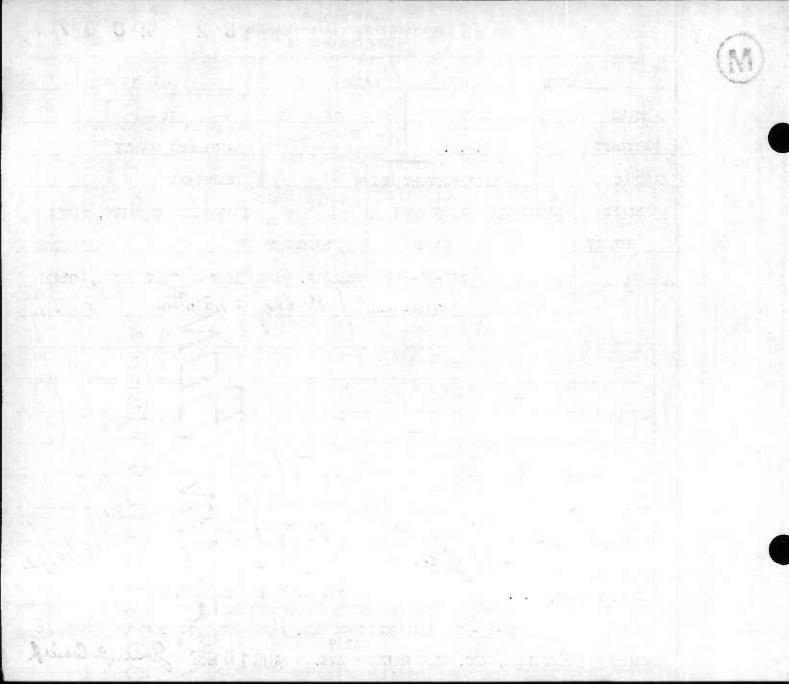
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REGISTRAR				CEKTIFI	CATE OF D	EAIN	RE	G. NO.				
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(TIPE OK PRINT)	JOHN		LEO	WA	DE			08	13	82		A
3. SEX		4. RACE	11110	5. DATE OF	BIRTH		6. AGE (IN YEARS LA		IF UN	DER TYEAR	IF UNDER	24 HR
MALE		WI	HITE	08	29	YEAR 11		70 YR	MONT	HS DAYS	HOURS	ALM.
7a. BIRTHPLACE (STA	TE OR FOREIGN		WHAT COUNTRY	2 8			9 BALTIMORE CI			DEATH		
MARY LAND		11	S.A.	WIDOWED	NEVER A	ORCED	BALTIM	OPE CC	שיויואדני	,		
10 CITY OR TOWN O	F DE ATH	11. NAME OF	HOSPITAL, NURS	ING HOME OF			12a USUAL OCCU	PATION	12		OF BUSINE	SSC
LANSDOWNE			CH FACILITY, GIVE STRE		17		(TYPE OF WORK FOR M		IG LIFE) IN	NDUSTRY		
USUAL RESIDENCE (OTHER INSTITUTION	23 VICTOR		<u>r</u>		CHAUFF	LUK				_
MARYLAND	13b COUN		13c. CITY OR TO		134. INSIDE CI		13e. STREET ADDR		DD			
14. FATHER'S NAME	_ BALI	IMORE	LANSDO		YES [] 15. MOTHER'S	NO X	1923 VI	CTORY	DRIV	E, 2	1227	_
FIRST		MIODLE	LAST			IRST	MIDE	ıtê.		LAS		
HILAR		UED CODOCCO	WADE			RGARET		DDBscc		EIC	HELMA	IN
160 WAS DECEASED (YES, NO OR UNKNOW		E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMA	VI.	A	DDRESS				
NO			217-07	-3280	DELLA	R. WAD	E 1923 V	ICTORY	DRI		21.22	7_
18 CAUSE OF I	EATH (Enter onl	y one cause pe	r line for lia), (b), o	and (C).	0 1	(.)	10-1			BETWEEN	IMATE INTER	VAI
PART I. DEA	TH WAS CAUSED	E CAUSE (o)	Courc	Lamania	11	cone	a The	ex large		21	year	1
DI PORTE OF OIL			DITION FOR WHIC				200 AUTOPSY?	20b. IF IN CER	YES, WE	RE FINDIN	NGS USED OF DEATI	H?
21g. ACCIDENT W	AS UNDERLYING	21b. TIME C	OF INJURY		21c. HOW IN.	URY OCCUR	RED (ENTER NATURE OF			OR PART 2)	140	,
	CAUSE OF OF AT	10	.M. MONTH			400						i
(IF EITHER NOTIF	CURRED		.M. OF INJURY	19	21f LOCATIO	ν			_			-
WILLE N	OT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE	FARM ETC.	STREET		CITY	ORTOWN		COUNTY	ST	TATE
	AT WORK		/ 11	1/9	0	in.	1	112		7		
	220.1 certify tha (1) (this haspital) attended the deceased from 19 10 10 10 (we) last sow the deceased alive so above (1) (2) (did) and not view he bady after death 19 17 , and that in (ny) (gur) apinion death occurred an the date and hour and from the couses stated above (1) (2) (did) and not view he bady after death 19 10 (ny) (gur) apinion death occurred an the date and hour and from the couses stated											
abave (1) (e) (did) (did no)	view the bady	after death		EGREE	yer, apinion	acam occurred and	ie date and				rea
	01	Sel	1 100	3 27	A	TTENDING HYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []		22c. DAIE	13/	12
224 PHYSICIAN	'S NAME (TYPE OR	PRINT)	,		22e ADDRESS							
ROBERT	LEVY, M	A.D.			114	MEDICA	L ARTS BU	ILDING	3			
23a BURIAL, CREMAT	ON, REMOVAL	23b. DATE	230	NAME OF CE	METERY OR C	REMATORY	23d. LOCATION					
BURIAL		08-16	-82 M	EADOWR:	IDGE ME	M. PAR	C111 O11 10 11		WARD	MAR	RYLAN	D
ROBERT	LEVY, P	A,D.	122	NAMEOECE	22e ADDRESS 114	MEDICA	L ARTS BU	IYSICIAN [3	*/	-//	1
		08-16	-82 M	EADOWR:			RK ELKRIDO		WARD	MAR		D
24 FUNERAL DIRECTO			AOORESS	_	21229	23a. DA1	TE REC'D. BY REGIST		SISTRAR'S	SIGNAT	ALL I	6
HUBBARD F	UNERAL I	HOME, I	NC. 4107	WILKEN	IS AVE.	I AL	IG 1 6 1982	10	-un	0		1

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the hospital or attending physician.



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	7	-	u	_	

ofter death. Page 4 may be

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

2

0078

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.		
1. DECEASED NAME	FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR
(STE OKPKINI)	ANNA	V	WAGNE	ER '		8-6-82		2:09p
3. SEX	4. RAC	E	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		ER 1 YEAR I	IF UNDER 24 HE
FEMALE	W	HITE	FEB.	16. 1917	65	YRS.	DATS	ACORS MI
To. BIRTHPLACE (STATE OR	OREIGN 76. CIT	ZEN OF WHAT COUN	TRY2 8	DE NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH	
MARYLAND		USA	WIDOWE		BALTIMOR	RE COUNTY		,
IO. CITY OR TOWN OF DEA			IRSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION	ON 12b.	KIND OF	BUSINESS
TOWSON	(19)	NOT IN SUCH FACILITY, GIVE S	HOSPITA	AT.	ASSEMBLER	F WORKING LIFE) I IND	RADIO	0
USUAL RESIDENCE (IF NURS		STITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		1			
MD.	13b. COUNTY	BALTI		134. INSIDE CITY LIMITS?	130. STREET ADDRESS 8220 BON	ATR RD.	21 234	1
4 FATHER'S NAME	100	1 30 =		15. MOTHER'S MAIDEN NA	ME			
WILLIAM	H.	MERSO		BESSIE	WIDDLE	.TE	NKINS	
60 WAS DECEASED EVER		The state of the s	SECURITY NO.	17 INFORMANT	ADDRE		111111111111111111111111111111111111111	
IYES, NO OR UNKNOWN)	(IF YES, GIVE WAR O	21 3-0"	1-7010A	JOHN J. WAGN	IFR 8220 BO	ON AIR RD	21:	23/4
		ouse per I nellar ial (b		1 COMIT OF WILLIAM	DK OZZO DO			ATE INTERVAL
Conditions, if ony, gove rise to immore couse (a), stating underlying couse	nediate	JE TO, OR AS A CONS	EQUENCE OF	od whar	endicile	, '		- 15
	NIFICANT CONDIT	TIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART No	
NO 190, DATE OF OPERA 7-27-2	TION 19	Perus	HICH OPERATION	LU alicen	20c. AUTOPSY?	206. IF YES, WERI		
TIG. ACCIDENT WAS UNIT OR CONTRIBUTING OF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER) RED 21	b. TIME OF INJURY IOUR A.M. MONTH P.M.	19	21c HOW INJURY OCCURP	RED (ENTER NATURE OF INJUR		PART 2)	STATE
AT WORK AT WO	RK RK	THOME, STREET, FACTORY, OF						
sow the decease above, (X (we) (ended the deceosed fr 8-6 the body after death.	19 <u>82</u> , 6	nd that in (n) (our) apinion	death occurred on the do	ote and hour and f	from the co	
22b. SIGNATURE	(PS)	elerli)	1/2	ATTENDING PHYSICIAN	MEDICAL STAF	FF	2c. DATE SI 8-6-	
22d. PHYSICIAN'S MA	AD D VET	E7 M D	5	22e. ADDRESS	DE BOAD TOU	CON MD 2	1204	

231. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/82 (VRA 15, 4)

ntained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other troumatic event, the

MITCHELL-WIEDEFELD HOME 6500 YORK RD.

10,1982

23b. DATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAN 255 REGISTRANS SIGNALUS.

23d. LOCATION
CITY OF TOWN

STATE

COUNTY

page 3

3	1.	FOR - STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	0 0 7	9
		CEASED NAME FIRST E OR PRINT) Edward	B.		lalder	20. DATE OF DEATH MONTH DA August 3	20.1100	UR S
10	3. SE	Male	White	5. DATE			FUNDER LYEAR IF UNDER	R 24 HRS MIN.
37		IRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	76. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE		Baltimore County Baltimore County		MD.
Se de la company		ITY OR TOWN OF DEATH Timonium	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE 243 Coldbrook	Road		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales Representa	12b. KIND OF BUSINI INDUSTRY CIVE	ESS OR
35	13a S	STATE 13b COUR	timore Timoniu	VN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 243 Coldbrook	Road	
130		Edward	Walder		15. MOTHER'S MAIDEN NAME Laura	MIDDLE	artlett	
e medical		WAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION (E WAR OR DATES) 329-03-78		Mrs. Dorothy	J. Walder 243 Co		
event, th		PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), or D BY: IE CAUSE (a)	nd (c1,1)	Cardiac A	mest.	Secon	U.
I, cremation, ar other traumatio		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU		Coronary 1	Artory Direare	year	
injury, ar o	NOI		conditions contributing to		T NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	N IN PART 1(o	
piene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFYI YES NO YES	WERE FINDINGS USEI NG CAUSES OF DEAT NO	TH?
of Health and Mental Hygiene prior to burial, cremation, 21 is marked or Item 18 shape any injury, ar other traum	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED		AY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, PAR		
aith and marked a	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		STREET	city or town		STATE
nt. of Heem 21 is r		sow the deceosed olive on obove, (1) (we) (did) (did no 22b. SIGNATURE	ottended the deceased from 19 11 view the body after death.	820		death accurred on the date and hour of	-	oted
tate Dept.		Ker	the A. Man	ley		STAFF DIRECTOR PHYSICIAN	8.3.80	2
with the State Dept. MPORTANT: If Item		Keith A. Ma		,	1818 Pot Sp.	rings Road, Timpn	ium, Md. 2	1093

23c. NAME OF CEMETERY OR CREMATORY

1050 York Rd.

Loudon Park

COUNTY

Maryland

23d. LOCATION
CHYORTOWN
Baltimore

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

8-6-1982

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 AUG

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Cremation

24 FUNERAL DIRECTOR

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detacked for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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Arthy - Binne put A	PARTETON.			
		Employ Com		
The state of the s		A REPORT		
25 - 3	GM.	WWW H W	K. S. X	
Section to the St. American				
	LOCAL DE	design out as all la	the reserve	

STATE OF MARYLAND

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0	2	Can	U	J	Q	U
	DEC. NO					

	CEASED NAME FIRST	MIDDLE	t	AST	20. DATE OF DEATH	AONTH DAY Y	PEAR 26. HOUR
TITPE	MOLVIN MOLVIN	V	WAL	DMAN	AUGUST 2	27, 1982	12:2
3 SE)	X	4 RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTH		
	FEMALE	WHITE	~87C	T. 28, 1888	93	YRS.	GAYS HOURS M
7a. BI	IRTHPLACE ISTATE OR FOREIGN OUNTRY) HUNGRY	USA	MARRIE WIDOW	D NEVER MARRIED	BALTIMO	COUNTY OF DEA	
	PIKESVILLE	(IF NOT IN SUCH FACILITY, GIVE ST PIKESVILLE	NURSIN		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	WORKING LIFE) 12h. K WORKING LIFE) 17h. K INDU	CIND OF BUSINESS USTRY AT HOME
13a S	MARY LAND BAI	NOTHER INSTITUTION, GIVE RESIDENCE BY NTY OR TO PIKESV	efore admission) OWN ILLE	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 8201 PUMPK	(IN SEED (CT. #212
14. FA	ATHER'S NAME WILHELM	MOHLE WOHLM	UTH	IS MOTHER'S MAIDEN NAM ROSA	WE	В	LEĎŸ
16a V	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) INF YES, GN	RMED FORCES? 166 SOCIALS VE WAR OR DATES) 213-74		17 INFORMANT MRS	S. LUCILADER	SUGAR BALTO., 1	MD 21208
	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	und	ressele	lession exter Car	lease	10 yea
VION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSE b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	OUENCE OF	ecosilis Vaseu NOT RELATED TO THE TERM	exter Care la Mus INAL DISEASE OR COND		
TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last	DUE TO, OR AS A CONSE	OUENCE OF	ecosilis Vaseu NOT RELATED TO THE TERM	ester Car	20b. IF YES, WERE I	
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH	OUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19	ecosilis Vaseu NOT RELATED TO THE TERM	INAL DISEASE OR COND 200 AUTOPSY? YES NO	206. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hasp saw the deceased alive ar	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	OUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19 KCE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCURR 2111 LOCATION	INAL DISEASE OR COND 200 AUTOPSY? YES NO CITY OR TOWN	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO ART 2) ITY STATE that (I) (we)
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hasp saw the deceased alive ar	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING 19b. CONDITION FOR WH 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	OUENCE OF TO DEATH BUT ICH OPERATIO DAY YEAR 19 KCE, FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 211. HOW INJURY OCCURR 211 LOCATION STREET ACTUAL DESCRIPTION DEGREE ATTENDING	INAL DISEASE OR COND 200 AUTOPSY? YES NO CITY OR TOWN	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO ART 2) ITY STATE that (I) (we)

DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicit should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

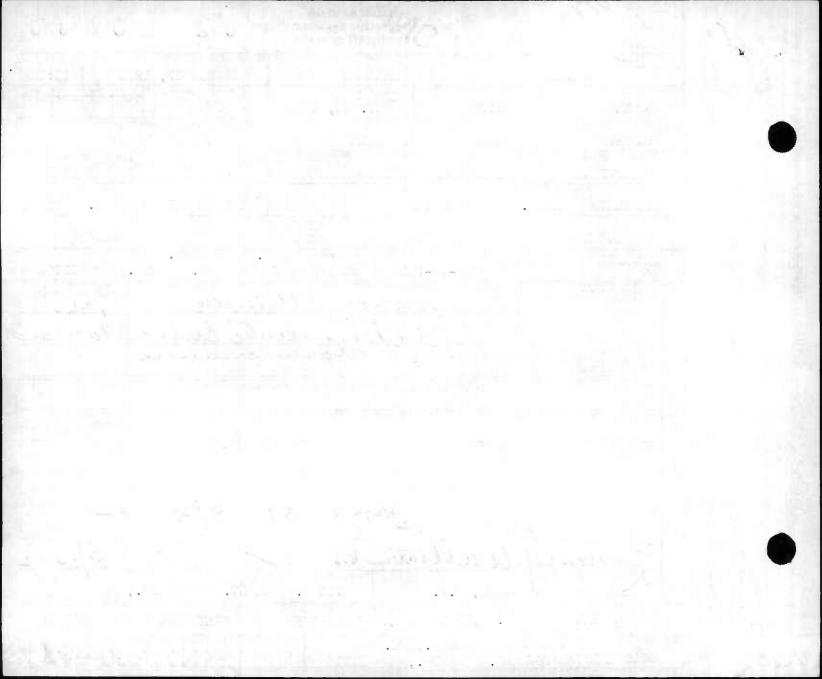
74 FUNERAL DIRECTOR SOL LEVINSON & 6010 REISTERSTOWN RD. BROS., INC.

21215

BALTO., MD

SEP

250. DATE REC'D. BY REGISTRAR 25 PEGISTRAR'S SIGNATURE



3	1 - STA		1 F		ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL CICATE OF DEATH	HYGIENE &	REG. NO	8 23	0 0	8 45pr
E 4000	TYPE OR PR	ED NAME FIRST	2N	MIDDLE .	til	ush	20. DATE (8	DAY 23	82	26. HOUR 45pm
	1. SEX F4	MALE	Whit	r	5. DATE C		41	YEARS LAST BIRT	YRS.	THS DAYS	HOURS MIN.
BE STEP	7e. BIRTHP COUNT	Md.	U	F WHAT COUN ISA	MARRIE		□ BA	LTIMOE	E COUNTY OF		MD.
by the filed with	Т	OWS ON	ST J	OSEPH H	STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WO	OCCUPATION OF THE PROPERTY OF		12b. KIND OF INDUSTRY	BUSINESSOR
should be in should be in	130. STATE	. Ba	orother institution bunity Ltimore	13c CITY OR		136. INSIDE CITY LIMITS	5? 13e. STREE	ADDRESS W Ser	ninary	Ave.	
completely 1 and 2 sl	14. FATHER	FIRST Jat	mes A. Br	_		15. MOTHER'S MAIDEN	Mary E.			LAST	
g physicion and co anpapers. Pages I emoval.	(YES, NO	DECEASED EVER IN U.S DORUNKNOWN) (IF YE NO	. ARMED FORCES? S, GIVE WAR OR DATES)	10.	SECURITY NO.	Bernard J	. Walsh	200	W. Sem		Ave.
n signed by the attending. Then places remove carbon to burial, cremation, ar retiniury, ar other traumatic estimitury, ar other traumatic estimitury.	go cou und	ditions, if any, which we rise to immediate sise (a), stating the lerlying couse last	(c)	OR AS A CONS ALCO OR AS A CONS UPPE	EQUENCE OF DHOLIC LEQUENCE OF ER GASTR	IC FAILURE IVER CIRRHO OINTESTINAL NOT RELATED TO THE 1	BLEEDIN		DITION GIVEN	IN PART 1(0)	
has been to permit.	CERTIFICATION 150 E	DATE OF OPERATION	19b. CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	206. IF YES, W IN CERTIFYIN YES		
ar attending physici After this certificate te as the burial-transi alth and Mental Hyg marked ar Item 18 sh	S OR C	ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE O EITHER, NOTIFY MEDICAL EXAM IN JURY OCCURRED ULE NOT WHILE ORK AT WORK	FDEATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OI	19	211. LOCATION STREET	CURRED (ENTER P	CITY OR TO		OR PART ?)	STATE
bine hospital DIRECTOR: ached far us Dept. af Hem 21 is		certify that X this h saw the decease also above Ah (we) (and) (A SIGNATURE	ospital) attended		, 01	nd that in (1996) (our) opin DEGREE ATTENDIN PHYSICIA	nion death accur	STAF	F	d from the co	
TO FUNERAL should be determined by the State two ONTANT: IMPORTANT: IMPORTANT		NESTOR CAR	MONA, M.	D.			ORK ROA		ON MD 2	1204	
3P 0	(SPECIE	L, CREMATION, REMO	23b. DATE 8/26	5/82		emetery or cremato ood Mausole	um Be	iy or town 11time1	ce, Md.	YTMUC	STATE
H - 16 50M 4/B2 (VRA 15, 4)		AL DIRECTOR HELL-WIEDE	FELD HOME	E, INC.	6500	York Rd.	AUG 3 C		26. EGISTRAR	2 Col	rela

(VRA 15, 4)

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ert of the saltigrey.

requires that the death certificate be executed within 24 hours ofter

TO HOSPITAL OR ATTENDING PHYSICIAN: The low eroined by the hospital or attending physician.

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 2 REG NO 20082

	CEASED NAME	FIRST	- 1	MIDDLE		AST	20	DATE OF DEATH MONT	H DAY YEA	R 26 HOUR
(TYPI	E OR PRINT)	Joyce		Ε.		Walsh		August 27,	1982	2:53
) SE	Х	4. F	RACE		5. DATE O		6. A	GE (IN YEARS LAST BIRTHDAY		
F	IMALE	1	DHIT	1	AUGU			53	YRS.	AYS HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED		ALTIMORE CITY OR CO	UNTY OF DEAT	н
m	IARYLAN	0	V. S.	A.	WIDOWE			Baltimore Co	ounty	MD.
10. C	ITY OR TOWN OF DEA	ATH 11.		HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPATION PE OF WORK FOR MOST OF WOR		D OF BUSINESS OR
	Towson		St.	Joseph Ho	spita	1	-	SCIAL SICURI	Total Property	^ _
USU.	AL RESIDENCE (IF NURS	NE COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1 13d. INSIDE CITY LIMITS	2. 113e	STREET ADDRESS		
5	10.	BALTO) =	PARKVIL	15	YES NO W	12.	809 Kings	RipG	2 ROAD
14. FA	ATHER'S NAME FIRST	MIDE	DLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAST
Ľ	ERVIN			LEDIRS	R	DOROTH	14		Smi	154
	VAS DECEASED EVER YES NO OR UNKNOWN)	IN U.S. ARMEI		16b SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS		
	70			217 24 1	955	LAMI	17	RECORD.	5	
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o	ne couse per	line for (o), (b), an	d (c	- (1	4. 0	()	PROXIMATE INTERVAL FEEN ONSET AND DEATH
	11100	IMMEDIATE C		Consum	ptiv	e Coagu	lop	ally lead	ding	
	9100	,	DUE TO, OI	R AS A CONSEQUE	NCE OF	in intoo		AD. Ac	U	
	Conditions, if ony		(p)	to b16	edu	ing interi	nec	1	•	
	couse (o), stating underlying couse		DUE TO, OI	R AS A CONSEQUE	NCE OF	Myocard	ial	Inf. Mese	nteric	
			(c)	H- Parke	- 600	thromb,	87-	east ca	4	
Z	PART 2 OTHER SIGN	NIFICANT CON	ADITIONS <u>CC</u>	DNIKIBUTING TO L	DE ATH BUT	NOT RELATED TO THE TE	ERMINAL	DISEASE OR CONDITIO	n given in par	Titor
ATIC	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	2	0a AUTOPSY? 20b.	IF YES, WERE FIN	NDINGS USED
CERTIFICATION							Y	ES NO NO	CERTIFYING CAU	SES OF DEATH?
CER	21a. ACCIDENT WAS UNI		216. TIME O			21c. HOW INJURY OCC		(ENTER NATURE OF INJURY IN IT		
	OR CONTRIBUTING		HOUR A.	m. Month da m	YEAR					
MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		21f. LOCATION STREET		, CITY OR TOWN	COUNTY	STATE
٤	WHILE NOT WH	RK	(ATHOME SIK	EET, FACTORY OFFICE, F	ARM ETC)	SIRCEI		, CITY OR TOWN	COOIVII	STATE
	220.1 certify that Saw the decease	(this hospital)	ottended the	deseased from_	Augu	ist 26 , 19	82	to August 2	. 17	, that (we) lost
	sow the deceose obove, Hy (we) (, or	nd that in 💥 💢 (our) opinio	ion deoth	occurred on the date or	nd hour and from	the couses stated
	226. SIGNATURE	()			DEGREE			22c. D.	ATE SIGNED
	Ca	mal	- m	A	7	ATTENDING PHYSICIAN		EDICAL STAFF RECTOR PHYSICIAN [3 8	/28/82
	22d. PHYSICIAN'S NA			O	V	22e ADDRESS	7			
	Kamal	M. Jai	in, M.	υ,		7620 York	Rd .	, Towson, M	D 21204	
	BURIAL, CREMATION,	REMOVAL 2	3b DATE _	23 ₁ N	AME OF C	EMETERY OR CREMATOR	RY 2	3d. LOCATION	COUNTY	STATE
	BURIAL		8 30	1987 (Lin	HAVEN	1	BALTIMORE	7	PARYLAND
24 FL	UNERAL DIRECTOR		1 01	ADDRESS /	6 1	1 1 1 250,0	DATE REC	C'D. BY REGISTRAR 25b. B	GISTRAR'S'STGT	VALURE O
F	VANST	-uwern	Leh	A pel 8	800 /	ALTOIS NO	AUG	30 1982 1	oung	country

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the fundual should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medicol external

Exercise Angelowners and war of The old mediately to be and a second ESELANDO DE LA TRANSPORTE DE LA CONTRACTOR DE LA CONTRACT

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGI

IENE	8

2008

		REGISTRAR			CERTI	FICATE OF DEATH	REG. NO	0.		
		CEASED NAME FIRS OR PRINT) LAWR		R.	WARD	LAST		MONTH D	82	2b. HOUR
	3. SE)	Male	4. RACE White	<u></u>	-	OF BIRTH n. 22, 1919	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
3	7a. Bli	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF	what country?	MARRII WIDOW	ED NEVER MARRIED MED DIVORCED	Baltimore City o			MD.
5	То	TY OR TOWN OF DEATH	St. Jo	seph's Ho	spit		12a USUAL OCCUPATI (TYPE OF WORK FOR MOSTO Retail Cle		12b. KIND O INDUSTRY	F BUSINESS OR
2	13a S	at RESIDENCE (IF NURSING HO TATE ryland 13b C Ba		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	9847 Harfo	ord Rd	. 21234	-
2	14 FA	Charles	MIDDLE F.	Ward		15. MOTHER'S MAIDEN NAME Ethel	D • MIDDLE	Не	drick	ı
		VAS DECEASED EVER IN U.S VES NO OR UNKNOWN) (IF Y Yes	S. ARMED FORCES?	219-10-8		Mr. Edgar H.	Gaston, san			MÄTE INTERVAL DNSET AND DEATH
	NO	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse las	the tee DUE TO, OF	R AS A CONSEQUE	NCE OF	T NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	EN IN PART 1(o	<i>y</i> , s
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDIN	
	MEDICAL CER	218. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 218. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AND WORK	DE DEATH HOUR A./ MINER) P./ 21e PLACE ((AT HOME, STR	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA	19	216 HOW INJURY OCCURR 216. LOCATION STREET	CITY OR TO		COUNTY	STATE
		220.1 certify that (I) (this I saw the deceosed oliv obove, (I) (we) (did) (d 22b. SIGNATURE	/e on 8/	74/ 19	12.	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	depth occurred on the do	FF		
		Dennis W. 1	/	M.D.		9 S. Highlar	nd Ave.			

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

the burial-transit permit. The and Mental Hygiene prior to ked or Item 18 shows ony inju

should be detached for use with the State Dept. of He

Buria1 8-27-82 24. FUNERAL DIRECTOR

23b. DATE

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Baltimore County Maryland

250 AND STREET ST

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 ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours aft

completely filled in by the

d be filed

should be detached for use as the burial-transit permit. Then please remove carbanapers. Pages 1 and 2 shawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the

etained by the hospital or attending physician.

TO HOSPITAL OR

injury, ar other traumatic event, th

with the State Dept. Consequence | ImpORTANT: If them 2| is marked or them 18 shows any

8	1	-	FOR STATE REGISTR	A
	1 00	- ^	FACEDAL	_

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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dies	(Files	9	~		- 1

L	REGISTRAR			CERTIF	TICATE OF DEATH	REG. N	0.	1
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YE	AR 26. HOUR
	Barbara		E.	Wat	tts	August 1	7, 1982	M
1.5	X	4. RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		
	Female	White		Apri	1 24, 1892	90	YRS MONTHS	DAYS HOURS MIN.
H	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		н
E	Baltimore, MD		USA	WIDOWI	· · · · · · · · · · · · · · · · · · ·	Baltimor	re County	MD
	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 12b. KII	ND OF BUSINESS OR
	Baltimore	2900	Ohio Aven	ue		Housewife		home
05U 13a	STATE IN NURSING HOME	OR OTHER INSTITUTION		ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
1	aryland 186 COU	AA	Pasaden		YES NO X	8 Altoona	Avenue	
14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN N.			
1		E.	Wilz		Marla	A.	Re	osenberger
	WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	\$5	
200	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	216-36-81	48	Mrs. Betty	Kestler, 290	O Ohio Ave	e., Balto.
	18 CAUSE OF DEATH (Enter of	only one couse pe	r line los (a), (b), and	dieni		1		PROXIMATE INTERVAL VEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	1 sucin	me	a other &	line nu	Z	The state of the s
45	1629 IMMEDI		SAS A SALAS OUT	NCE OF	1	0		
	Conditions, if any, which	DUE 10, 0	R AS A CONSEQUE	rel	Marin			
	gove rise to immediate) 10)_			Ull			
	underlying couse lost	DOE 10, O	R AS A CONSEQUE	NCEOF			7	
	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAI	RT I/n
ON N		45	UND					
SAT	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
Ĭ						YES NOT	IN CERTIFYING CAL	JSES OF DEATH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJUR		
	OR CONTRIBUTING CAUSE OF D	LAIN	.M. MONTH DA .M.	Y YEAR				
MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION			
W	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	WN COUNT	Y STATE
	22a.l certify that (I) (this has	pital) attended th	ne deceased from		. 19	to	19	, that (I) (we) lost
	sow the deceased alive a	on	.19		nd that in (my) (our) opinion			
	obove, (I) (we) (did) (did r 22b. SIGNATURE	not) view the body	offer death		DEGREE		22c. C	ATE SIGNED
	0	Tand	aten in	u . D	ATTENDING	MEDICAL STAP	F	1,010
	VIVE DIL		00-011					116167/
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	DIRECTOR TITISIC	IAN	119/82
			D.		22e ADDRESS			MD
73a.	Jose Presbi BURIAL, CREMATION, REMOVA (SPECET)	tero, M.		IAME OF C	22e ADDRESS	d Road, Gler		MD

BP

DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

20 Aud 82

	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the haspital an attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed within 72 hours in the company of the corporation of the c	V
	er death. Pag	funeral dire	1
	and after	in by the	,
	thin 24 h	2 should	1
	ecuted w	d comple	1
	te be ex	pers. Pog	-la
	n certifica	ding phy	ar remov
	the deat	the atten	emofion,
	ires that	gned by	burial, cr
	law requ	is been si ermit. The	e prior to
	JAN: The	ificate ho	of Hygien
	PHYSIC	r this cert	and Mente
	O HOSPITAL OR ATTENDING PHYSICIAN: The la etained by the haspital or attending physician.	OR: After	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
)	L OR AT	L DIRECT	e Dept. a
	HOSPITA ned by	FUNERAL	the Stat
	ofe	OT Ods	with

other traumatic event, the medical

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IMPORTANT: If Item 21 is marked ar Item

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DI	FATH MONTH DAY YEAR TH HOLIRA
	EATH MONTH DAY YEAR 26. HOUR
CATHERINE WHEATLEY	8-20-82 2-pm
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEAR	S LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS MONTHS DAYS HOURS MIN.
Female White May 19, 1923 59	YRS.
COUNTRY) MARRIED NEVER MARRIED	CITY OR COUNTY OF DEATH
Maryland U.S.A. WIDOWED DIVORCED BALT	CIMORE COUNTY MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (Type OF WORK FOR TOWSON ST JOSEPH HOSPITAL Teach	OR MOST OF WORKING LIFE) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
	Naturo Road
William M. Lyston 15. MOTHER'S MAIDEN NAME Eva	MIDDLE Krug
60. WAS DECEASED EVER IN U.S. ARMED FORCES? 160, SOCIAL SECURITY NO. 17, INFORMANT	ADDRESS 21204
No No CRUNKNOWN) (IF YES GIVE WAR OR DATES) 215-18-0613 John E. Wheatley	, Sr.1611 Naturo Rd.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL	SY? 20h IF YES, WERE FINDINGS USED
YES 🔽 🗸	IN CERTIFYING CAUSES OF DEATH? YES NO NO
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPS YES N YES N OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER. NOTIFY MEDICAL EXAMINER) P.M. 19 191 DATE OF OPERATION 190 COURRED 210 PLACE OF INJURY 211 LOCATION STREET CONTRIBUTION CONTRIBUTION CALL HOME. STREET, FACTORY, OFFICE, FARM. ETC.)	RE OF INJURY IN ITEM 18 PART I OR PART ?}
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
270.1 certify that X (this haspital) attended the deceased from	-20 19_82 , that (IX(we) lost
obave, (1) (ye) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR D	STAFF 226. DATE SIGNED
Maurice B. Furlong, Jr. M.D. 7620 YORK ROAD TO	OWSON, MD 21204

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
William E

E.

Johnson8521 Loch Raven Blvd

AUG 23

50-10-X

requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low grained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours at with the State Dept, of Health and Mental Hygiene priar to burial, cremation, or removal.

executed within 24 haurs after deoth. Page 4 may be

1-	FOR - STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 8 2 2	20085
	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
(Anna	Virginia	Webb	8-23-82	4:30A
3. SEX	remale	* RACE white	5. DATE OF BIRTH 11 DAY 189	6. AGE (IN YEARS LAST BIRTHDAY) 99 82 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) Mary Land	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED ! WIDOWED DIVORCED	RAITIMORE CITY OR COUNT	
10. CI	altimore	11. NAME OF HOSPITAL, NURSIN 1830 Hanford	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING housewife	126. KIND OF BUSINESS OR
13a S	STATE 113h COU	rother institution give residence before NTY 13t. CITY OR TOW Roseda	N 13d. INSIDE CITY LIMITS	13e STREET ADDRESS 1830 Hanford	Rd. 21237
	Joseph	Daniels	is. MOTHER'S MAIDEN Rachel	NAME	Calvert
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) 216-09-		ffo, 1830 Hanfo	ord Rd. 21237
7	gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D		RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? /ES \(\Boxed{1}\)
	21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCC		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive or	ot) visit the body ofter death.	ond that in (my) (our) opini	on death accurred on the date and ha	pur and from the couses stated 22c. DATE SIGNED
	22d. PHYSIGAN'S NAME (TYPE	7. Cette, 11	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	8/23/87
	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		ame of cemetery or cremator reland Mem. Pa	23d. LOCATION CITY OR TOWN Balto	country d STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

Lassahn Funeral Home, 740 ess Belair Rd.

Park CITY OR TOWN Balto. SOUNTY d.

E E C C S 2. B Hilliam in the second of Carling Santage Di

1			TE OF MARYLAND		AE 0 2.	
	FOR STATE REGISTRAR	CERTI	HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 3 2 REG. N	2 0	086
	ECEASED NAME FIRST PE OR PRINT)		WERDWICZ	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
_	FRANCE				8 04	. 02 2 2011
3. SI	× / - · · · · ·	RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNI	DER I YEAR IF UNDER 24 HRS
1	FEMALE	WHITE SEP	T. 29, 1898	83	YRS.	
3	COUNTRY) 10 .	b. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED	BALTIMORE CITY O		DEATH
10 0	TOWSON	NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPAT	ION 12 OF WORKING LIFE) IN	b. KIND OF BUSINESS OR IDUSTRY
Jar.		GBMC - 6701 N. CHARL	LES STREET	NEITRE	0	
130.	STATE OUNT	BALTO.	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS.		RD.
1	MICHAEL	MARWACKI	ELIZA BE	TH MIDDLE	RAT	AJCZAK
	WAS DECEASED EVER IN U.S. ARMI (YES, NO OR UPKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO. 213-14-2383	MARY F. Du	UNICAN	SAME	2,239
	PART I. DEATH WAS CAUSED IMMEDIATE		NARY ARREST			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause 101, stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) CVA WITH PROE DUE TO, OR AS A CONSEQUENCE OF	BABLE HEMORRHA	GF		
Z		onditions <u>Contributing to death</u> but	T NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART Ira
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	DN WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 O	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	DWN C	OUNTY STATE
	220 I certify that (I) (this haspitol saw the deceased alive on abave, (I) (we) (did) (did nat)	8/04 10 82 0	nd that in (my) (our) apinion o	, ta8/04 deoth accurred an the d		Z, that (I) (we) last from the causes stated
	Robert L. Yu	w /	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF ,	8/4/82
	ROBERT L. YIN		22e ADDRESS GBMC - 6701	N. CHARLES	STREET	21204
230	BURIAL	236. DATE 236. NAME OF C 8-7-82 ST-571	EMETERY OR CREMATORY PAUS CEP	23d LOCATION PRIOWN PALT	COUI	190.
Z	HOMAS J- SKA	EDA 2829 HUDS	N ST. 250. DATE	REC'D. BY REGISTRAR 16 - 6 1982	256 REGISTRAR'S	SIGNATURE SIGNATURE

E TASKING OF THE SECOND WITH THE PARTY OF TH What are taken to the transfer MATERIAL WASHINGTON TO THE WASHINGTON TO THE STATE OF SELV-200 MILL DESCRIPTION OF THE PARTY OF TH The second secon There I different a to the production will the title of

requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

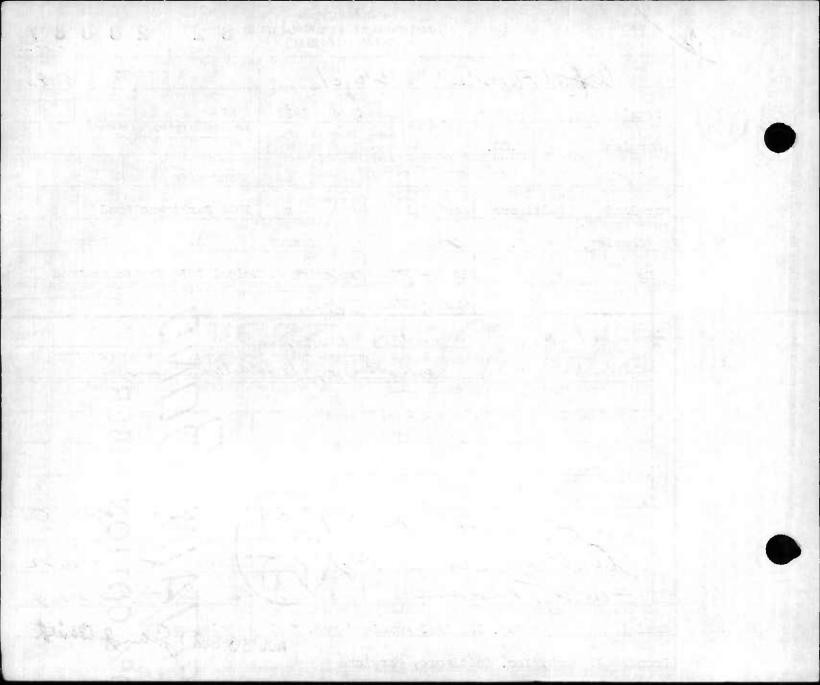
4	FLATE		DEPART		'E OF MARYLAND HEALTH AND MENTAL HYG	SIENE 8 9	201	1 8
1.	FEGISTRAR			CERTIF	FICATE OF DEATH	REG. NO	200	5:0
	CEASED NAME	FIRST FLO	DRENCE M	WE.	FGEL		MONTH DAY YEAR	
11111	CONTRINITY CONTRIVITY	El Floi	rence	w	'essel		8 26 82	5:00
3. SEX	X	4 RACE		5. DATE (6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE.	
F	emale	Wh	ite	Sept		68	YRS. MONTHS DAY	YS HOURS
Ta. BII	IRTHPLACE (STATE OR	FOREIGN 7b. CITIZ	EN OF WHAT COUNTRY	? 8.	D MEVER MARRIED	9 BALTIMORE CITY OF		
	aryland	U.S	A.	WIDOWI		BALTIMORE	COUNTY	
10. CITY OR TOWN OF DEATH TOWS ON		(IF N	ME OF HOSPITAL, NURSI OT IN SUCH FACILITY, GIVE STREE ST JOSEPH HO	SPITA		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Housewife	WORKING HEET INDUSTE	OF BUSINE
130 S	AL RESIDENCE (IF NURS STATE ryland	ING HOME OR OTHER INS	13c. CITY OR TOV	NN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 3036 Parkt	owne Road	
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1457
	Charles	W.	Smith		Margaret	A.	Erl	by
	WAS DECEASED EVER	IN U.S. ARMED FO		URITY NO.	17 INFORMANT	ADDRE	SS	
	NO	(IF TES, GIVE WAR OR)	212-10-9	572	Frederick W.	Weigel 3036	Parktowne	Road
	Canditions, if any, gave rise to imm	which mediate put the DUE	(b) Mucos	utin	MUCOSITY AND CHEMOTHERAPY	12	E BREAST CA	NCER
Z.	gave rise to immore cause (a), stating underlying cause	which nediate ag the last.	(b) Mulos E TO, OR AS A CONSEOU (c) Les	JENCE OF	CHEMOTHERAPY	AND PROBABLE	Conce	
TIFICATION	gave rise to immore cause (a), stating underlying cause	which mediate g the lost. DUE	(b) Mulos E TO, OR AS A CONSEOU (c) Les	DEATH BUT	CHEMOTHERAPY CHEMOTHERAPY I POST NOT RELATED TO THE TERM	AND PROBABLE	Conce	DINGS USED
CAL CERTIFICATION	gove rise to immoduse (a), static underlying couse PART 2 OTHER SIGN	which mediate lost. DUE lost. NIFICANT CONDITION 19b. DERLYING 21b. CAUSE OF DEATH HC	E TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE STATE ON S CONTRIBUTING TO	DEATH BUT	CHEMOTHERAPY CHEMOTHERAPY I POST NOT RELATED TO THE TERM	AND PROBABLE VINAL DISEASE OR COND 200 AUTOPSY? YES NO NO	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED
MEDICAL CERTIFICATION	gove rise to improve the couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UNITED TO SECONTRIBUTING	which mediate lost. DUE lost. NIFICANT CONDITION 19b. DERLYING 21b. CAUSE OF DEATH CALEXAMINER) 21e.	TIME OF INJURY	DEATH BUT H OPERATIO	CHEMOTHERAPY NOT RELATED TO THE TERM NOT WAS PERFORMED	AND PROBABLE VINAL DISEASE OR COND 200 AUTOPSY? YES NO NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES YIN ITEM 18 PART 1 OR PART 2	DINGS USED
	gove rise to improve the couse of the couse	which mediate ig the lost. NIFICANT CONDITION IPD. DERLYING 21b. CAUSE OF DEATH HC CAL EXAMINER) RED 21e. (ATT) (RE (ATT) (RE	ETO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE ONS CONTRIBUTING TO CONDITION FOR WHICH TIME OF INJURY DUR A.M. MONTH D P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, anded the deceosed from 10	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	CHEMOTHERAPY NOT RELATED TO THE TERM NOT WAS PERFORMED 21c. HOW INJURY OCCUR! 21l. LOCATION STREET 19 10 10 10 10 10 10 10 10 10	AND PROBABLE VINAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOV deoth occurred on the do	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES YIN ITEM 18 PART I OR PART 2 WN COUNTY 26 , 19 12c. DA	DINGS USEES OF DEAT NO [2)
	gove rise to improve the course of the cours	which mediate ing the lost. DUE IOST. DEFLYING 21b. CAUSE OF DEATH CALEXAMINER) RED 21e (Ithis hospitol) often Live on 21d love the lost of	ETO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE ONS CONTRIBUTING TO CONDITION FOR WHICH TIME OF INJURY DUR A.M. MONTH D P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, anded the deceosed from 10	DEATH BUT H OPERATIO DAY YEAR 19 FARM, ETC.)	CHEMOTHERAPY NOT RELATED TO THE TERM NOT WAS PERFORMED 216. HOW INJURY OCCUR! 211. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	AND PROBABLE VINAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do MEDICAL STAF	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES VINITEM 18 PART LOR PART 2 VIN COUNTY 20 19 21 22c. DA F	DINGS USEE LES OF DEAT NO (1)
WEDICAL WEDICAL	gove rise to improve the couse of the couse	which mediate ig the last. NIFICANT CONDITION IPP. DERLYING 21b. HC CALEXAMINER) RED 21e RED 21e (this hospital) after a condition of the last and	TIME OF INJURY OUR A.M. MONTH D P.M. PLACE OF INJURY HOME STREET, FACTORY, OFFICE, anded the deceosed from 19 19 19 19 19 19 19 19 19 19 19 19 19	DENCE OF DEATH BUT H OPERATION OAY YEAR 19 FARM, ETC.)	CHEMOTHERAPY NOT RELATED TO THE TERM NOT RELATED TO THE TERM NOT RELATED TO THE TERM 211. LOCATION STREET 211. LOCATION STREET ATTENDING PHYSICIAN PHYSICIAN	AND PROBABLE VINAL DISEASE OR COND 200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TOW deoth occurred on the do MEDICAL STAF	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES VINITEM 18 PART LOR PART 2 VIN COUNTY 20 19 21 22c. DA F	DINGS USEE LES OF DEAT NO (1)

DHMH-1650M1/BI (VRA 15, 4)

BP.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbanpopers, Pages 1 and 2 should be filled at the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Leonard J. Ruck, Inc. Baltimore, Maryland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () -- ")

	1 -	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH	REG.	NO.	0 0	0 0
1		EASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR a
ı	11176	OR PRINT)	ROBE	RT	LEE	W	ELCH	August 3	30, 198	32	7:00 M
1	3. SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1		Male	3.4	White	9	Oct.		72	YRS.		
1		THPLACE (STATE OR	FOREIGN 7b	. CITIZEN OF	WHAT COUNTRY?	0		9. BALTIMORE CITY		OF DEATH	
7	C	Ohio	MARRIED LI NEVER MARRIED				Baltim	MD.			
	10. CIT	Y OR TOWN OF DE	ATH 1	1. NAME OF		G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR
		Towson	wson 18 Aigburth Road				Self-em	ployed	Adve	ertising	
1	13a. S1	TATE Aryland	136 COUNT	Υ	134. CITY OR TOW		13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 18 Aigbu		oad	
	14. FA1	THER'S NAME	44.1	DDIE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	ST
		Otis	A(I		/elch		?			5710	
		AS DECEASED EVER		ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
	(4)	ES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	263 05 2	2347	Mrs. Donna	a Barnette	4		
		18. CAUSE OF DEAT	TH (Sater only	000 001110 00			1	1		APPROX	IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	WAS CAUSED	BY:	Com re	Lin	heart fail	lurre_		6~	moters
		479	IMMEDIATE		- Macy				14/8	100	
		10/	2	DUE TO, O	R AS A CONSEQUE	NCE OF	At card	ovasoula	a divor	100	4
		Canditians, if any gave rise to im		(b)	HMEN	9710	موارح دومرون			7 /0	7-00
		cause (a), stati		DUE TO, O	R AS A CONSEQUE	NCE OF					
				(c)					NIDITION CDV	TAL DADA DA	
	z	PART 2. OTHER SIG	INIFICANT CO	INDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CC	NDITION GIVE	N IN PART III	a ·
-	CERTIFICATION	19a. DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	WERE FINDIN	NGS USED
1	윤	198. DATE OF OFERS	11011	174 CON	MIONI OK WINEN	O. E.K.	TO THE TEXT OF THE PERSON OF T			YING CAUSES	OF DEATH?
lugil.	E	71g. ACCIDENT WAS UN	IDEALVING 🔲	21b. TIME C	DE IN ILIPY		21c. HOW INJURY OCCUR				140
1		OR CONTRIBUTING		1100110 4	M. MONTH D	AY YEAR	THE TIOW IN JOKE OCCOR	(EMIEK MAIOKE OF III	JOKY HYTIEM TO TA		
	Q	(IF EITHER, NOTIFY MED			.M.	19	71f. LOCATION				
	MEDICAL	21d. INJURY OCCUP			OF INJURY	ARM, ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
		AT WORK	ORK	Trest T						677	
		22a.1 certify that (. 3	0.		to Are			that (1) (we) last
		saw the decear abave, (I) (wa)	sed alive an	view the bady	y after death.	X 2 0	nd that in (my) (aur) apinian	death accurred an the	date and haur	and fram the	causes stated
		226. SIGNATURE	2	71 .			DEGREE			22c. DATE	SIGNED
		Non	41.	tost	win ,	ud	ATTENDING PHYSICIAN	MEDICAL ST	SICIAN	8-3	11-85
_		22d. PHYSICIAN'S N	AME TYPE OR	PRINT)			22e. ADDRESS				
		Dr. Nic	cholas	Fortu	in, M.D		11 E. Cha	ase Street	, Balt	o., M	D
-	23a. B	JURIAL, CREMATION		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION			
	(1	emoval-E		9/1/8	82 F	Berea	Cemetery	Berea		Kenti	ucky
							CO 250 DAI				

DHMH - 16 50M 4/B2

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral 4 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 haw the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar ather traumatic event, the

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after elained by the hospital or ottending physician.

must be notified at once

NAME 4905 York Road (VRA 15, 4)

MD 21212

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 DEC								REG. NO.			
	CEASED NAME	FIRST		MIDDLE	LA		20. DATE		ONTH	DAY YEAR	26. HOUR 20
		CLINT	ON	Α.	WELL	ING			8-	5 8.	4-25
3. SEX	Male		4 RACE Whit	:e	5. DATE OF	F BIRTH 26 1899		83		IF UNDER 1 YEA	
	THPLACE (STATE O	ir föreign	76. CITIZEN OF	WHAT COUNTRY?	8	MEVER MARRIED	9. BALTIA	AORE CITY OR		OF DEATH	
	cyland		U.S.	Α.	WIDOWE			Baltimor	e Co	utny	MD.
	Y OR TOWN OF DI	EATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OF	R OTHER INSTITUTION	1 12a USUA	AL OCCUPATION	N	12b. KIND	OF BUSINESS OR
	ndal1stow					eral Hosp.	Laur	ork for most of v	NORKING LIFE	Arrow	Laundry
Mar Mar	yland	13b COUN Balt	other institution ity imore	130. CITY OR TOWN Woodlaw	n	13d Inside City Limit yes no 🏝	13e STREE	TADDRESS Fairbr	ook	Road	21207
14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN	,	WIDDLE		•	. 2
	Clinton		G.	Wellin	g	Lucy		MIDDLE		H	iggins
160 W	AS DECEASED EVE			166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS	S		-
IY)	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-07-1	978	Frances We	elling	7408 Fa	irbr	ook Ro	ad 21207
37	4100	IMMEDIAT	E CAUSE (o)	CARDI		rule s	CHOK			-	,
NO	Conditions, if on gove rise to in cause ioi, stat underlying cour	y, which nmediote ing the se last.	DUE TO, C	OR AS A CONSEQUE	NCE OF	huyo &	EARD!			EN IN PART I	
S S	gove rise to in cause 101, stat underlying cous	y, which nmediote ing the se last.	DUE TO, CO DUE TO, CO CONDITIONS C	OR AS A CONSEQUE	NCE OF	AUD C	TERMINAL DISE.	ASE OR CONDI	TION GIVI 20b. IF YES IN CERTIF	EN IN PART 1	(0)

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the

and Mental Hygiene prior to burial, cr

morked or Item 18 shows ony

MPORTANT: If them 21 is should be detoched with the Stote Dept.

230. BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

8/9/82 24 FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

23b. DATE

Woodlawn Baltimore Lorraine Park Cem.

m. WOOD LAWIN

250 ATTERECT OF AGOSTRAR 256 (REGISTRAR'S SIGNATURE

250 ATTERECT OF AGOSTRAR 256 (REGISTRAR'S SIGNATURE)

250 ATTERECT OF AGOSTRAR 256 (REGISTRAR'S SIGNATURE)

Md.

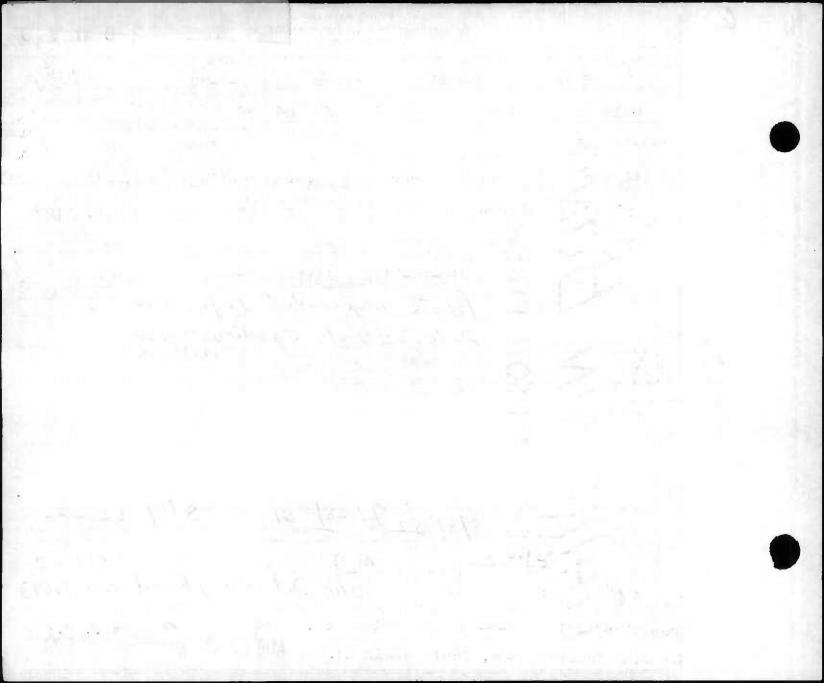
18 1 5 1 4 2 2 property agent the special STANDER STANDS MUNISHE MUSICIONED AL INTERNOTES 18-68 3-0 CD A-80 36: i commence of Some as poly these properties and sures deployed Numeral Library Luc. Still Still and Louis. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached far use as the burial-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filed within 72 hains of with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

FOR		STATE OF MARYLAND		
1 - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	20090
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Paul	Russell	Werner	8-8-82	1050
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
male	white	MONTH DAY 6 YEAR OF	76	IRS. MONTHS DAYS HOURS MI
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	RAITIMORE CITY OR COL	
Pennsylvania	USA	WIDOWED A DIVORCED	Baltimore (County
10. CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY GIVE STREET	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS C
13a. STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS?		
14. FATHER'S NAME Harry	Oscar Wern	15. MOTHER'S MAIDEN N		Meck
160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECU		ADDRESS	TICOK
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR DR DATES) 210-16	-4142 William	Werner, 6704	Forderest Re
gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO
OR CONTRIBUTION CALLER OF	DEATH HOUR A.M. MONTH DA	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITE	
GREEN THE NOTIFY MEDICAL EXAMI 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI AT WORK NOTIFY MEDICAL EXAMI	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22s.1 certify that (I) (fins he saw the deceased alive	on	2 , and that in (py) (our) opinion	n death occurred on the date onc	hour and from the causes stated
22b. SIGNATURE	Johns .	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 8/9/8-2
22d. PHYSICIAN'S NAME (TYP	1. TUN	2110 POT	Spring Roo	ed Md 2109.
23a. BURIAL, CREMATION, REMOV.		AME OF CEMETERY OR CREMATORY	C () C ()	COUNTY STATE
remationminial	8-9-82 We	estview Mem. Pa	riq	Balto C. M.
24 FUNERAL DIRECTOR			1/1	

assahn Funeral Home, 740 Pess Belair Rd.

DHMH-16 30M 2/B0 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and to though the detacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Deat of Health and Mental Hygiene prior to burial, cremation, or removal. ATTENDING PHYSICIAN: The law requires that the manned by the hospital or offending physicion.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - ST RE				DEPART		EALTH AND MENTAL HYD	0	Z REG. NO.	2 0	0	9	-
1. DECE A	SED NAME	FIRST		MIDDLE		LAST	20 DATE OF DE	HINOM HIA	DAY	YEAR	2b. HOU	JR
		HARRIE'	TT	MARY	W	EST		08	01	82		A. M
3 SEX		4	RACE		5. DATE (6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDI	DAYS.	IF UNDER	24 HRS
FI	EMA LE		WH	[TE	12	26 19		62 yr	,	DAYS	HOURS	MIN.
a. BIRTHI	PLACE (STATE OR	FOREIGN 71	CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9 BALTIMORE	CITY OR COU	NTY OF DE	EATH		
MAI	RYLAND		U.S	S.A.	WIDOWI		BALTIM	ORE COL	JNTY			MD
10 CITY C	OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120 USUAL OCC			KIND O	F BUSINI	
	BUTUS		1043	MAIDEN	CHOIC	E LANE APT.4	HOUSEW		AG LIFE) INL	-		
USUAL RI 13a STAT	ESIDENCE (IF NUR E	1136 COUNT	THER INSTITUTION	GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADD	DESS				
MAI	RYLAND	BALT	IMORE	ARBUTU		YES NO E		AIDEN (CHOICE	E LA	NE A	PT.4
14 FATHE	R'S NAME	441	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME					
	FRANK	W		ROEDER		MINNIE	A	DDLE		ROC		
	DECEASED EVER	IN U.S. ARM		166 SOCIAL SECU		17 INFORMANT		ADDRESS			1227	
_	OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	218-07-	7775	DENISE A. BA	RBARTNO	5644	CARVII			
		H (Enter only	ane cause per	line for (a), (b), an		JULITURE IN DAT	ICDITIC LITO	2044			MATE INTE	
PAI NOI	onditions, if only over rise to im use (o), stati- iderlying couse RT 2. OTHER SIG	mediate ng the last.	(c) ONDITIONS <u>CC</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY	? 20b. IF	GIVEN IN I	E FINDIN	IGS USE	TH?
21a	ACCIDENT WAS UN		216. TIME O			21c HOW INJURY OCCUR				PART 2)		
AL OR	CONTRIBUTING [P.	m. month di m.	AT TEAK							
¥ w	INJURY OCCUR	HILE	21e PLACE (OF INJURY BEET, FACTORY, OFFICE, F	ARM ETC }	211 LOCATION STREET	CII	Y OR TOWN	СО	UNIY	S	STATE
77h	sow the deceos above, (I) (was SIGNAD (II)	ed olive on do not)	7//0	e deceased fram 19 atter death.		DEGREE ATTENDING	odeoth occurred on the state of	STAFF HYSICIAN [hour and f			
	AL CREMATION	MARKET ST.	236 DATE	23€.9	NAME OF C	EMETERY OR CREMATORY	THE LOCATIO	N	APZ1 e.e.			
1	BURIAL	16	08-04	+-82	LO	UDON PARK	BALTI	Charles Saint Steel 11 Committee	TY	140.140	ARYL	AND
24 FUNER	RAL DIRECTOR				-	The state of the s	E RECID. BY REGIS	The second second second second	and the latest designation of the latest des	IGNAT		
	BBARD FU	NERAL	HOME.	INC. 4107	WILK	ENS AVE. A	16 - 2 19	32 Ma	mu S	and	Parth	100

4107 WILKENS AVE.

INC.

DHMH - 16 50M 1/BI (VRA 15, 4)

MPORTANT II Imm 21 marked at Item 18 shows ony injury, at other traumatic event, the

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TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physicion and completely illed in the standard bedoned for use as the burial-transit permit. Then please remove corbangopers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed, entire 24 hours at

etained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/B3 (VRA 15, 4)

	OR	DEPA		'E OF MARYLAND HEALTH AND MENTAL HYG	SIENE 8 2	2009
- S1	EGISTRAR MARIE	A. WILKIE	CERTII	FICATE OF DEATH	REG. NO.	2007
1. DECEA	ASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
	MARIE	Α.	H	MILKE	8-7-82	2
3 SEX		4 RACE	HONY	DF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
	EMALE	CAUCASIAN	10	17 1894		YRS
	RYLAND	76. CITIZEN OF WHAT COUNTI	RY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	BALTIMORE	
ROS	SSVILLE	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH EACILITY, GIVE STI MANOR CARE	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WAST OF WORK HOUSEWIFE	(INDUSTRY
13a. STA	MD Ba	ROTHER INSTITUTION, GIVE RESIDENCE BE LITMORE BALTIN	FORE ADMISSION)	13d. INSIDE CITY LIMITS?	132 TEGADERESS RET	HORN RD.
A	AMBROSE HES			ANN'A	WE	LAST
NO NO	S DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI 21201L		JAMES J.	WILKIE 2128	FIRETHORN R
PA	gave rise to immediate cause (a), stating the proderlying cause last. ART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEC			rebro Vascul dised	
CERTIFICATION 180	DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATIO			IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
	O. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 1B PART I OR PART 2)
2	MHILE NOT WHILE WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY \$1
220		at) view the body after death.	03	nd that in (mu) (our) opinion	death occurred an the date and	71, 1982 that (I (we discouses state
	B. SIGNATURE	1 Jun		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
220	H. PHYSICIAN'S NAME (TYPE OF	TUM		2110 Pot	spring Ru	ad md210
ISPEC	IAL, CREMATION, REMOVAL (IFY) JRIAL	04-040-		MEM. GARDEN	23d LOCATION CITY OR TOWN	COUNTY STA
28. FIZNE		D 1211 CLADRES	S C . F . 11	Are_ PAPE	G 9 B B O TRAR X A	GISTRAR'S SIGNATURE

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completely filled in

1	XC 17 064 1 - STATE REGISTRAR	029
ı	I. DECEASED NAME FIRST	MIDDLE
ı	JOSEP	H WILLI
ı	3. SEX	4. RACE
	MALE	WHITE
1	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT
	PENNSYLVANIA	U.S.A.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPIT
	FORT HOWARD	V.A. MEDI
1	USUAL RESIDENCE (IF NURSING HOME OF	NTY 13c CI
	MARYLAND BA	LTIMORE
1	14 FATHER'S NAME	MIDDLE
3	CALL THE CHIEF	THEOLE.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🞖 CERTIFICATE OF DEATH

REG. NO

	CEASED NAME	FIRST		MIDDLE		LAST		2a. DA	TE OF DEATH	MONTH	DAY	YEAR	2b. H	OUR
(I YPE	OR PRINT)	JOSEPH	I WI	LLIAM	WI	LKINSO	N		1	AUGUST	r 19	,198:	2 1	1:35
3. SE	X		4. RACE		5. DATE (OF BIRTH		6. AGE	(IN YEARS LAST B	IRTHDAY)	IF UND	ER) YEAR	IF UN:	DER 24 HRS
	MALE		WHI		MAR	CH 27,	1909		73	YRS			HOUR	is MIN.
	IRTHPLACE (STATE O	OR FOREIGN		WHAT COUNTRY?	MAPPIE	D NEVE	RMARRIED	9 BALT	IMORE CITY	OR COUNT	TY OF DE	EATH		
I	PENNSYLVA			.A.	WIDOWI	ED X	DIVORCED		BALTIMO					M
I	FORT HOWA	RD	V.A. N	HOSPITAL, NURSIN HEACILITY GIVESTREET IEDICAL CH	ADDRESS) ENTER	OR OTHER IN	ISTITUTION		UAL OCCUPA STAURAI			KIND O DUSTRY	F BUSI	INESS OF
130. 5	AL RESIDENCE (IF N STATE ARYLAND	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS		REET ADDRESS	MICHA	AEL 1	LANE		
	ATHER'S NAME SYLVESTER		MIDDLE	WILKI	NSON	15. MOTHE	R'S MAIDEN FIRST	NAME	WIDDLE			LAS	ī	
	VAS DECEASED EV			16b. SOCIAL SECU	RITY NO.	17 INFOR	MANT		ADDI	RESS				
	YES NO OR UNKNOWN)		WAR OR DATES)	226 05 8	8468	CLIN	ICAL F	RECORD	S, VAMO	, FOF	RT HO	DWAR:	D, I	MD
Z	Conditions, if or gove rise to it couse (o), sto underlying cou	mmediote sting the use lost.	DUE TO, OI (b) DUE TO, OI	R AS A CONSEQUE	NCE OF	NOT RELAT	ED TO THE TE	ERMINAL DI	SE ASE OR COI	ndition G	IVEN IN	PART 1cc	0	
CERTIFICATION	19a DATE OF OPER	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PER	FORMED	20a YES	AUTOPSY?	IN CERT		E FINDIN CAUSES		ATH?
	OR CONTRIBUTING [CAUSE OF DEA	173	M. MONTH DA	AY YEAR	21c. HOW	INJURY OCC	CURRED (EN	TER NATURE OF INJ	URY IN ITEM 18	PARTIOR	PART 2}		
MEDICAL	21d. INJURY OCCU	WHILE O	21e PLACE (OF INJURY IEET, FACTORY, OFFICE, FA		211 LOCA STR			CITY OR T	OWN	co	YINUC		STATE
	22a.1 certify that sow the dece above, (1) (we		AUGUST		MARC 82			52, to	AUGUS				,	(we) los
	27b. SIGNATURE	Alma	namika			DEGREE	ATTENDING PHYSICIAN	G MEDI	CAL STA	AFF ICIAN 🔀	22	8/1	SIGNE	
	S. L.	- ,	MHAN, M	.D.	La	V.A.		ORT H	OWARD,	MARYI	AND			
00 5	LIDIAL CREATATION		Tana a san					V.						

BP.

O FUNERAL DIRECTOR:

this certificate has been

ATTENDING PHYSICIAN:

the hospital or

should be detoched for use as the burial-transit perm with the State Dept. of Health and Mental Hygiene pr

or Item 18 sho

MPORTANT: If Item 21 is

DHMH-16 50M 1/B1 (VRA 15, 4)

(SPECIFY)

Baltimore National

Lto

S. Leiler & Son Inc. 6224 Eastern Avenue

250 DATE REC'D. BY REGISTRAN 256. AUG 2 0 1982

ME ISTRAR'S SIGNATURE

the principal of the pr HERE 27 1999 1999 1999 1999 THE RESERVE AND ADDRESS OF THE PARTY OF THE THE REAL PROPERTY OF THE PROPE The state of the s AL AND SELECTION OF THE PARTY O E. J. Miller H. J. S. Surial a Land Statement Statement of the second

The state of the s

5	1	FOE STATE REGISTRAR NELLIE	DEPART M WILLEY	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	reg. no. 8-		6
	K)	EXPONENCIAL CONTROL	X Nellie Marie	2 Wille	<i>y</i>	20 DATE OF DEATH MONTH D	7-82 114	27%
	3. SE	Female	White	5. DATE OF	BIRTH 22 08	73 YRS.	FUNDER LYEAR IF UNDER 2	24 HR5 MINL
35	Be M C	COLUMNY 2 Ltimore, Md. ITY OR TOWN OF DEATH	b. CITIZEN OF WHAT COUNTRY U.S.A. 1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE T JOSEPH HOS	MARRIED WIDOWED ING HOME OR ET ADDRESS) SPITAL		9. BALTIMORE COUNTY OF COUNTY OF BALTIMORE COUNTY OF USUAL OCCUPATION (TYPE OF WORKING LIFE) HOUSEWILLE	TY 12b. KIND OF BUSINES	MD. SS OR
35	13u	ALRESIDENCE IV HURSHO HOME OF STATE NU JOUNT		WN 11	13d Inside City Limits?	130. STREET ADDRESS 920 South High	and Avenue	
300	14. F/	Robert "	Wrigh		15. MOTHER'S MAIDEN NAM Mamie	ME MIDDLE Amb	eng	
Comment		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	-5187 -000x	Mary (.Lorde	en 920 S.Highlan	d Avenue	
other troomatic event		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.		spe	RESPIRATORY	failure	APPROXIMATE INTERVENCE ON SET AND E	
o Annius Guo	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUYING TO ONDITION FOR WHICH	y al	weare	CORONARY ARTERY 200 AUTOPSY? VES NOTE 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	DISEASE WERE FINDINGS USED ING CAUSES OF DEATH	4?
9	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	DAY YEAR	211. HOW INJURY OCCURR 211 LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM 18, PAG		ATE
II nem.z.i n morxed	W	270 I certify that (X (this hospita sow the deceosed alive an above, X (we) (did) (dix X) 27b. SIGNATURE	il) attended the deceased fram. 8-17	82 , and	that in (m) (aur) apinion d		9 <u>82</u> , that X (w	re) last
Zarak Varan		22d PHYSICIAN'S NAME (TYPE OR P	PRINT		22e ADDRESS	DIRECTOR PHYSICIAN K ROAD TOWSON MD	21204	
8		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 23c. 8-21-82 (NAME OF CEA	n Cemetery	23d. LOCATION CITY OR TOWN Cashwood Bal	to Co.Md.	ATE

Cemetery Eastwood Balto. Co. Md.

256 DATE REC'D. BY REGISTRAR 256 AT DISTRAR'S SIGNATURE

treet AUG 2 0 1982 John D. Cohnelle

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 8-21-82 Oak Lawn Cement C.S. Zeiler & Son Inc. 901 S. Conkling Street

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	1 -	FOR O.K. by J.I STATE REGISTRAR	J • II •	PEI ARTH		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 0 0
		EASED NAME FIRST A OR PRINT) ALBE	LBERT MIDDLE S	5		LIAMS	26. DATE OF DEATH 08/07/82	08 07 82 1
3	. SEX		4. RACE BLACK		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNDER 1 YEAR IF UMONTHS DAYS HO
1	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) GA		L CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY	
18	T	YOR TOWN OF DEATH OWSON	ST TOSEP	H H	ÖSPII		126. USUAL OCCUPATION (TYPE OF WORK FOR MOST O	
35	Ja. S	LRESIDENCE (IF NURSING HOME OF TATE 181 COUNTY)		or tow	N	YES 🔀 NO 🗌		ilworth Aver
300	4. FA	THER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S MAIDEN NAI	WIDDLE	LAST
dico		(YES, NO OR UNKNOWN) YES (IF YES, GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 258-40-2638 Annie Cr					by 2701 0	Senilworth Ave. akley Avenue BETWEEN ONSE
er traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	ONSEQUE	NCE OF			
jury, or other	N	PART 2 OTHER SIGNIFICANT (((c)CONTRIBUT	TING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
y, or	LIFICATION		((c)CONDITIONS CONTRIBUT				INAL DISEASE OR CONI	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF IN
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f Hem 21 is marked or Hem 18 shows any injury, or		PART 2 OTHER SIGNIFICANT (196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 216. INJURY OCCURRED WHILE AT WORK AT WORK 226.1 certify that (1) this hasp sow the deceased alive on	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (AT HOME. STREET, FACTOR Who view the body ofter deo	R WHICH NTH DA RY RY, OFFICE, F	OPERATION AY YEAR 19 ARM, ETC.)	21c. HOW INJURY OCCURE 21f. LOCATION 51REET	200 AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAIL	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT
WPORTANT: If hem 21 is marked ar them 18 shows any injury, or	MEDICAL	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b. TIME OF INJURY HOUR A.M. MOI P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTOR TO ottended the deceose He view the body ofter deo Charling HODNICKI	R WHICH ONTH DA RY RY, OFFICE, F ed from oth. 19	OPERATION AY YEAR 19 ARM, ETC)	216. HOW INJURY OCCURE 216. LOCATION STREET 19 d that in (***)* (our) opinion of OEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO deoth occurred on the do MEDICAL STAIL DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES NOT

MUNICIPAL EROETHERSE TANTOO HIVEON TO MOUNT Take P. Comments TINTERDED T SME BO

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FOR - STATE REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 28 DATE OF DEATH MONTH

or. page 3	after death		
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should be detached with the State Dept.

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(TYPE OR PRINT) **GLENN** 4 RACE

WILLIAMS R.

08-20-82

3. SEX MALE

WHITE

5. DATE OF BIRTH 07-26-87 6 AGE (IN YEARS LAST BIRTHDAY) 95

Ta. BIRTHPLACE (STATE OR FOREIGN

76 CITIZEN OF WHAT COUNTRY? NOIS)

MIODLE

17 INFORMANT

BALTO COUNTY

ALIOOLE

GREATER BALLTO MED CENTER

120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer - Highway Dept. Ill.

TOWSON MD VAL RESIDENCE IN NUR a STATE

Richard

FOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN St. Petersburg YES IX

NAME OF HOSPITAL, NURSING HOME OR OTHER

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

136. STREET ADDRESS 33701 145 3rd Ave. North East.

9 BALTIMORE CITY OR COUNTY OF DEATH

LAST

6 HRS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Florida FATHER'S NAME

MIDOLE E.

Williams

FIRST

unknown ADDRESS 907 Rappaix Ct.

160 WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN)

WWI 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

166 SOCIAL SECURITY NO

318-20-2402A Richard P. Williams, Towson, Md. 21204

gove rise to immediate couse (a), stating underlying couse lost.

PART I. DEATH WAS CAUSED BY

MMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

ECTOPY 3 C. 0. P. D. 106 CONDITION FOR WHICH OPERATION WAS PERFORMED

RESPIRATORY FAILURE

74 DATE OF CITETION	The CONDINION TOR WIT	icir oi c	KATIO.	* ************************************
210 ACCIDENT WAS UNDERLYING OF DEATH	21b. TIME OF INJURY	DAY	YEAD	21c. HOW INJ

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES JURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CERTIFICATION MEDICAL (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21e. PLACE OF INJURY

AT HOME, STREET FACTORY DEFICE FARM ETC)

211 LOCATION

WHILE NOT WHILE 220.1 certify that M (this hospital) attended the deceased from

DEGREE

Ar) opinion death accurred on the date and hour and from the causes stated

STATE

COUNTY

sow the decrosed ofive on O-20-above, (1) (vi) (did) (did not) view the body after death. 22b. SIGNATURE

ATTENDING MEDICAL DIRECTOR PHYSICIAN 22c. DATE SIGNED

24 FUNERAL DIRECTOR

ROBERT TIN M.D. 22e. ADDRESS

STREET

CHARLES ST 21204 G.B.M.C. 6701 N.

CITY OF TOWN

DHMH - 16 50M 1/B1 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation 8-21-82 23c NAME OF CEMETERY OR CREMATORY Loudon Park Crematory

Baltimore Maryland

1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

= 250. DATE REC'D. BY REGISTRAR 256 POUSTRAR'S SIGNAT

CLER C. VILLIANS

M1LE 7-26-87 35

.4.2.U (210H1JJ) .4.2.U

TOWISON AND GREATER BALTO MED CENTER BENEFIT ON MOSWOT

BALTO COUNTY

RESPIRATORY FAILURE

5311.9

08-2-02 11:05

VENTRICULAR ECTORY & C.O.P.D.

XX

G.B.M.C. 6781 N. CHIMLES ST 21204

ROBERT L. YIN M.D.

may be

death. Page 4

executed within 24 hours

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL OR

retained by the hospital or attending physician.

1	-	FOR STA REG	TE	TF
		E ASI		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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)	6m	6-	0	U	7	
	REG. NO.					

	CEASED NAME	FIRST		MIDDLE	- 1	AST	20. DATE OF D	EATH MO	NTH	DAY YEAR	2b. HOUR
(TYPE	E OR PRINT)	MARY	E		WILLIS				8-1	3-82	2:55a
3. SEX	×		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEAR	S LAST BIRTHD		IF UNDER I YEA	
	Femal	e	W	hite	Feb	0/ 4005		77		MONTHS DAYS	HOURS
7a. BI	IRTHPLACE (STATE	100	7h CITIZEN OF	WHAT COUNTRY	Y2 8.		9 BALTIMORE		YRS.	OF DEATH	
	COUNTRY)				MARRIE	D NEVER MARRIED		IMORE			
10.0	Maryland			S.A.	WIDOWE	DIVORCED DIVORCED	12a USUAL OC				OF BUSINESS
		EAIN		OSEPH HO			TYPE OF WORK FO	OR MOST OF WE			
Carl III	TOWS ON	THE PLEASE NO. 15 CO.					Hous	ewife			
	STATE	13b. COUN		13c. CITY OR TO		134 INSIDE CITY LIMITS?	13e. STREET AD				
	aryland	Bal	timore	Towson	1	YES NO T		Virg:	inia	Avenu	e 21204
14. FA	ATHER'S NAME	,	MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE			AST
	Harry			Lord		Catherin	е			Smith	
	WAS DECEASED EV		MED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS		21234	40.00
	No	(•	214-12-	-9665	Howard T. W	illis	1 Nep	tune	Ct. A	pt.C
	18. CAUSE OF DE PART I. DEATH / 5 / 7 Conditions, if o gove rise to couse (a), ste underlying co	iny, which immediate oring the	DUE TO, C	OMOTA	ATIC AD	ENOCARCINOMA					
ATION	Conditions, if a gove rise to couse (a), sto underlying co	IMMEDIAT ony, which immediate ofting the use last.	DUE TO, C (b) DUE TO, C (c) CONDITIONS C	OR AS A CONSEGUENT PANCREAS ON THE PROPERTY OF	QUENCE OF ATTC AD	DENOCARCINOMA					
RTIFICATION	Conditions, if or gove rise to couse (o), ste underlying co	ny, which immediate abing the use lost. IGNIFICANT C	E CAUSE (0)	OR AS A CONSEGUE ON TRIBUTING TO	QUENCE OF ATTC AD	DENOCARCINOMA NOT RELATED TO THE TERM N WAS PERFORMED	YES	SY? [2]	Ob. IF YES N CERTIF YE	S, WERE FIND TYING CAUSE	
CAL CERTIFICATION	Conditions, if a gove rise to couse (a), sto underlying co	ny, which immediate adring the use lost. IGNIFICANT CORRATION UNDERLYING CAUSE OF DEA	E CAUSE (0) DUE TO, C (b) DUE TO, C (c) ONDITIONS C 19b. COND 19b. COND 19b. HOUR A	OF AS A CONSEGUE ON TRIBUTING TO	QUENCE OF ATTIC ADDUCTOR OF ODEATH BUT	DENOCARCINOMA	YES	SY? [2]	Ob. IF YES N CERTIF YE	S, WERE FIND TYING CAUSE	INGS USED
MEDICAL CERTIFICATION	Conditions, if a gove rise to couse (a), sit underlying co PART 2. OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M.) 21d. INJURY OCC.	ny, which immediate the use lost. IGNIFICANT CO RATION UNDERLYING CAUSE OF DEA REDICAL EXAMINER	DUE TO, CO DUE TO, CO DUE TO, CO CONDITIONS CO 19h COND 19h C	OR AS A CONSEGER PANCREAS ON TRIBUTING TO OUTRIBUTING TO OUTRIBUTING TO OUTRIBUTION FOR WHICH CONTRIBUTION FOR WHI	QUENCE OF ATTIC ADDUENCE OF ODEATH BUT CH OPERATIO	DENOCARCINOMA NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPS YESN RED (ENTER NATUR	SY? [2]	Ob. IF YES N CERTIF YE	S, WERE FIND TYING CAUSE S TART I ORPART 2)	INGS USED SOF DEATH? NO
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DHMH - 16 50M 4/82

BP.

ITO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

⁷⁴ FUNERAL DIRECTOR
Leonard J. Ruck, Inc. (VRA 15, 4)

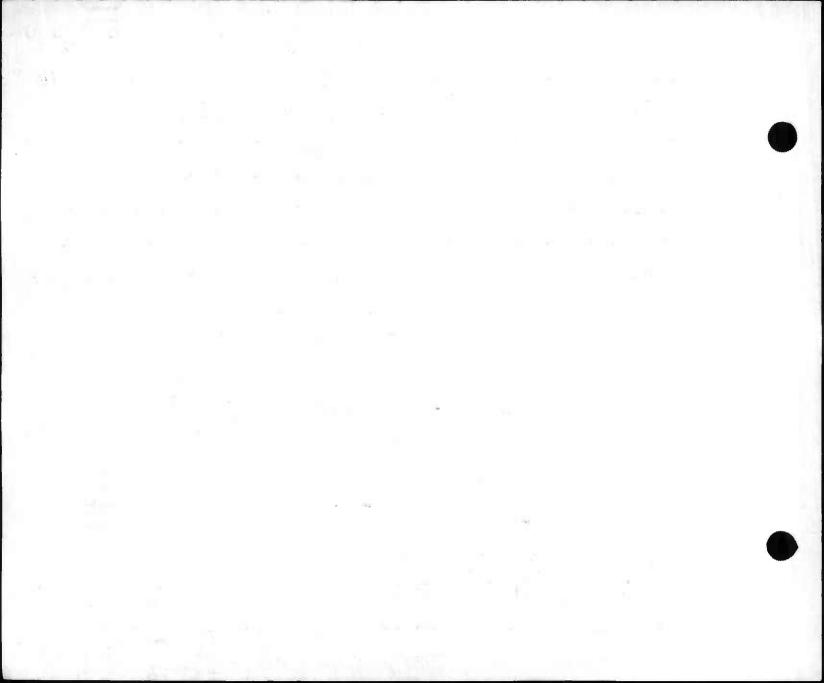
Baltimore, Maryland

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Maryland

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	6	1	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	0 1 0 0
oy be	arth		CEASED NAME FIRST OR PRINT)	MIDDLE LAST 20 DATE OF DEATH MONTH DAY S, JATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UND	YEAR 26 HOUR -82 1010 M ER I YEAR IF UNDER 24 HRS
Poge 4 m	M)	7a B	FE Wall RTHPLACE (STATE OR FOREIGN	MONTH OAY YEAR YEAR MONTHS (6 13 04 78 YRS	DAYS HOURS MIN
decrn	150	M	ARYLAND	USA WIDOWED DOORCED BALTIMORE COL	INTY MD.
softer	1 90	1_	OWSON		KIND/OF BUSINESS OR DUSTRY
24 hour	onled to	10.0	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		OF LD
d within	and 2 sh	14. F	ATHER'S NAME FIRST VALTER /	MIDDLE LAST LILLE STURGEON ALBERT SR LILLE STURGEON	LAST
e execute	Pages 1		VAS DECEASED EVER IN U.S. A		
he deoth certificate b	by the attending physicial see remove carbon popers. I, cremation, or removal other troumatic event, the		PART I. DEATH WAS CAUS	Due to, or as a consequence of the time tumos	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
he low requires that ton.	hos been signed i permit. Then ples ene prior to buriol omi on i prior to hariol	CERTIFICATION	underlying couse lost	ODUE TO, OR AS A CONSEQUENCE OF (C) GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN LEADING TO WHICH OPERATION WAS PERFORMED 10 AUTOPSY 20 IF YES, WER IN CERTIFY ING. YES	PART 1(0) E FINDINGS USED CAUSES OF DEATHS
SICIAN. T	certificate hos	MEDICAL CER	21st ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] EAUSE OF DE LIFETIMER, NOTIFY MEDICAL EXAMPLES	HOUR A.M. MONTH DAY YEAR P. P.M. 19	PMID 1
offendi	fter this as the bu th and M orked or	MED	WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 211 LOCATION 319657 CITY OR TOWN	DO STATE
	NAL DIRECTOR: A detoched for use of ate Dept of Healt of		saw the deceased alive a	not) view the body after death.	that (I) (we) last from the causes stated
	FUNER old be of the St	1	224 PRYSICIAN'S NAME (IVA		ON MD RIZE
ρ ٷ // BP _	o ods -	23a.	BURIAL, CREMATION REMOVA SPECIFY)	236. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNT BALTO, CITY	Y HLO STATE
DHI	MH-16 20M 15, 4) 7/78	24 F	UNERAL DIRECTOR NAME ANS CHAPEL OF	ADDRESS 250. DATE REC'D. BY REGISTRAR 250. RESISTRAR'S	Signature Shoulf



injury, or other troumatic event, th

MPORTANT: If Item 21 is marked or Item 18 shows any

3337

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

IE OF MAKYLAND		
HEALTH AND MENTAL HYGIENE	8	2
FICATE OF DEATH		RF

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Ein.	U	- 1	0	ı

FOR 1 - STATE REGISTRAR		DI		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 Z	20	101
1. DECEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY YEAR	R 2b. HOUR
(TYPE OR PRINT)	IONEL	W	WILSON	SR.		8-31-82	11:25
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YE	
MALE	WHI	TE	9-	3-1905 YEAR	76	YRS.	
To. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COL	MARRIE	NEVER MARRIED		E COUNTY	
MD.	U.S	.A.	WIDOWE	D DIVORCED D			MD.
TOWSON	(IF NOT IN SU	JÖSEPI	HOSPITA		RADIO	ION 12b. KINI CHNICIAN	ELEC. CO
USUAL RESIDENCE (IF NURSING HOLDS) 130. STATE MD.	OR OTHER INSTITUTION OUNTY	136. CITY C BA	CE BEFORE ADMISSION) R TOWN LTO.	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 5314 B	ARBARA AV	
JAMES	WÄLTER	ļ	WILSON	15. MOTHER'S MAIDEN N	$\overset{\text{MIDDLE}}{D}_{\bullet}$		LAST
160. WAS DECEASED EVER IN U.S	ARMED FORCES?	1	AL SECURITY NO.	17. INFORMANT	ADDR	The second secon	
NO	S, GIVE WAR OR DATES)	212-	-05-389]	THELMA V	VILSON (WI	FE) SAME	ADDRESS
PART 2 OTHER SIGNIFICATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	NT CONDITIONS C	ONTRIBUTII		ASUD NOT RELATED TO THE TER N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	NDINGS USED ISES OF DEATH?
	F DEATH HOUR A	OF INJURY .M. MON	TH DAY YEAR	?1c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	YES	NO []
CRECONINIBUTING CAUSE OF CAUSE	21s. PLACE	OF INJURY	OFFICE, FARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
22a.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (1)	e on 8-	31	19 82	.6 , 19 8 nd that in In∰ (our) opinio	10 8-31 on death occurred on the c	19 82 date and hour and from	the causes stated
27b. SIGNATURE	L Bows	>			MEDICAL STA	FF _	ATE SIGNED
LAWRENCE BC				7620 YOR	K ROAD TOWS	ON MD 21204	1 53
230 BURIAL, CREMATION, REMO (SPECIFY) BURIAL		/82		EMETERY OR CREMATORY S OF FAITH			·MD.
24. FUNDERAL DIRECTOR EK	Funeral	HOme	opressInc.	25a O	EP 2 1982	25h REGISTRAR'S ST	Carrel

Funeral HOme of Inc.

Brehms Lane.

DHMH - 16 50M 4/82 (VRA 15, 4)

about the skip above whereather the beautiful con-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fushald be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

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injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

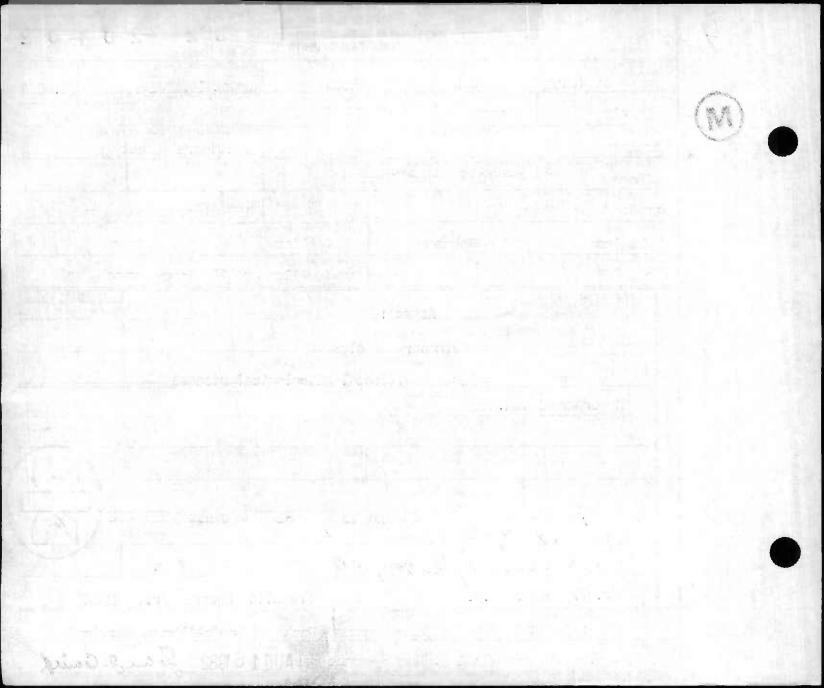
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	GIENE 8 2	2	0	0	2
	CEASED NAME FIRST	WIDDLE	į	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
	Mary	Jane	V	VILSON	August 14.		741	12.06	A
3 SE	× Female	4. RACE Negro	5. DATE O	DE BIRTH 24 DA 1904 YEAR	6. AGE (IN YEARS LAST BIR	MONI	NDER I YEAR	HOURS I	HRS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) L'EGINIA	76 CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	DIVORCED	Baltimore City o				MD.
	TY OR TOWN OF DEATH Chase	11. NAME OF HOSPITAL, NURSIN HENOT INSUCH FACILITY GIVE STREET Franklin Squar	e Hos		12a USUAL OCCUPATI		12b. KIND O INDUSTRY	F BUSINESS	OR
_		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY OR TOWN	E ADMISSION) /N	13d. INSIDE CITY LIMITS? YES NO 🕇	13e SIREET ADDRESS 177 Minno	w Brancl	h Roa	đ	
14 FA	Napoleon	Johnson Johnson		15. MOTHER'S MAIDEN NA Lillian	WE	Grav	ves LAS	Т	
16a V	VAS DECEASED EVER IN U.S. ARI VES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	JRITY NO.	17_INFORMANT	ADDRE		1 -	-	
1	10			Nannie Allen	der 177 Min	now Bran	nch Ro	oad	
TION	Hyperparath	onditions <u>contributing to in</u>	ry Em ENCE OF Ultifo DEATH BUT	Ocal Neurolog	INAL DISEASE OR CON	DITION GIVEN I			
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WE IN CERTIFYING YES			,
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IB PART I	OR PART 2)		ľ
MED	21d. INJURY OCCURRED WHILE ONT WHILE OF WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATI	E
	22a. I certify that IX (this hospit saw the deceased alice of above (we ididwid the state). The SIGN USE 22d. PHYSICIAN'S NAME (TYPE OF Dr. Fryden	ans Lelen	82,00	d that in (1) (our) opinion of the composition of t	MEDICAL STAF	IAN 📆		SIGNED	lost d
23a B	URIAL, CREMATION, REMOVAL SPECIFY) Burial			morial Park	23d LOCATION CITY OF TOWN Randalls	co	ervlar	nd Stati	E j
	NERAL DIRECTOR • C. March F/H,	Inc./1101 E. No		25a. DAT	E REC'D. BY REGISTRAR	John Comment	S SIGNATU	URE)

DHMH - 16 50M 1/81 (VRA 15, 4)

retained by the haspital ar attending physician.



TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after degits. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbomopaers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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STATE OF MARYLAND

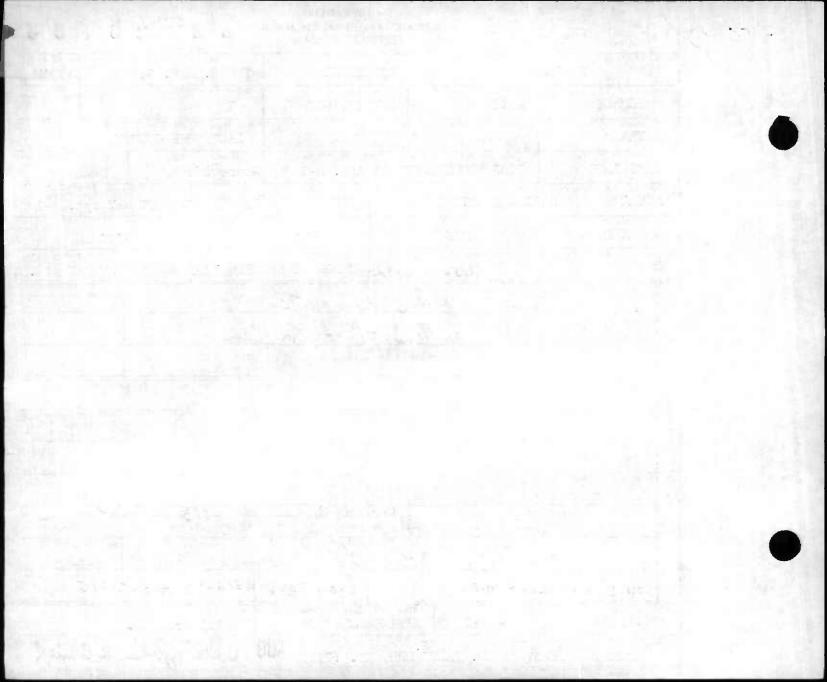
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

И	1 "	REGISTRAR				CERTIF	ICATE OF DEATH	R	EG. NO.		0 0
		CEASED NAME OR PRINT)	HERES.	A	WIDDLE	WIN	DESHEIM	THURS.	AUG. 5	,1982	26. HOUR 5: 30AM A
	3 SE	FEMALE		4 RACE WHITE		JUNE	17,1912 YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
5		RTHPLACE (STATE OR	LEAND 1 USA			MARRIE		9 BALTIMORE O	MORE CO		ME
0		TY OR TOWN OF DE	ATH	7203 SU	HOSPITAL, NURSII BROOKCRES	OF HOME OF	APT. A-1	12a USUAL OCC TUPE OF WORK FOR HOUSEWI		G LIFE) 12b. KIND C INDUSTRY HOM	F BUSINESS OR
6		AL RESIDENCE (IF NUR.		OTHER INSTITUTION TIMORE	PTKESVIL		13d INSIDE CITY LIMITS?	7203 BR	ÖÖKCRES	T WAY ap	1208) t. A-1
0	14. F.A	DAVID		MIDDLE	DAVIS LAST		15. MOTHER'S MAIDEN NA ETTA	MI	DDLE	NITCHÊ	Ň
	NC	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	215-10-		VERNON WINDE		ADDRESS 03 BROO	KCREST W	(21208) AY APT.
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU					NOT RELATED TO THE TERM	NINAL DISEASE OF	? 20b. IF	GIVEN IN PART TO YES, WERE FINDIN RTIFYING CAUSES	NGS USED
		ON CONTRIBUTING CHOSE OF DEATH			JURY MONTH DAY YEAR 19			OF INJURY IN ITEM	YES 18 PART 1 OR PART 2	но 🗋	
	MEDICAL	21d INJURY OCCUR	RED HILE	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE,	211 LOCATION		CII	Y OR TOWN	COUNTY	STATE
		22a I certify that (P sow the decease above, (I) (we) (22b. SIGNATURE	ed alive on	_8/3			nd that in (my) (our) apinion DEGREE ATTENDING PHYSICIANY	deoth occurred on MEDICAL DIRECTOR	STAFF	22¢ DATE	
		22d. PHYSICIAN'S N LOUIS W	.MIL	LER, M)	1200 ADDRESS 6804 PARK	HEIGH	TS AU		
	23a. E	BURIAL, CREMATION,	REMOVAL	236 DATE 8-6-			HALOM CEM		imore,		STATE
	24 FU	UNERAL DIRECTOR 6010 RE	SOL ISTER	LEVINSO STOWN R	N & BROS. D. BALTIM	ORE,	MD. (21215)	G 1 0 198	STRAR 25b	SISTRAR'S SIGNAT	shill

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

retained by the hospital or attending physician.



		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	REG. NO.	2 0 0
		CEASED NAME FIRST	Frances	ITNEDAD CED	20. DATE OF DEATH MONTH	
	J. SEX	GRA	CE F W	INEBARGER 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER
D	J. 3E/	Female	Caucasian	MONTH DAY YEAR		MONTHS DAYS HOURS
	To RI	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	Aug. 25, 1919	BALTIMORE CITY OR COL	YRS.
25		ountry) arvland	U.S.A.	MARRIED WINEVER MARRIED WIDOWED DIVORCED	BALTIMORE CO	
8	10. CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWife	176. KIND OF BUSINE
3	Dec 100		ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW IMORE Parkvi		130. STREET ADDRESS 1917 Redwo	
- Je		THER'S NAME		15. MOTHER'S MAIDEN N	IAME	od Avenue
537		Sherman	Marion Bosl	ev Marv	Iula	Kennedy
0	16a. V	AS DECEASED EVER IN U.S. AF			ADDRESS	220222004
medica		ES, NO OR UNKNOWN) IF YES. GP	VE WAR OR DATES)		Winchaman	00000
event, the m		No	214–12–	SHURPE THEFOATE	Winebarger REBRAL HEMORRHA	Same as a GE APPROXIMATE INTER BETWEEN ONSET AND
any injury, ar ath	CERTIFICATION	underlying cause last. PART 2. OTHER SIGNIFICANT (19a. DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TE		N GIVEN IN PART 110
2	TIFIC/	THE DATE OF GLERATION	The Condition of Which	TOTERATION WAS TEN ORMED		CERTIFYING CAUSES OF DEAT
or Hem 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	JRRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY
рамири	14	AT WORK — AT WORK		8-23 19 8	2 to 8-23	19 82 that 💥 (s
18		sow the deceased alive or	ital) attended the deceased from 19		on death accurred on the date on	1
E	50	obove, (J) (we) (d d rid of pr	ot) view the body after death.			
		22b. SIGNATURE	"Yourander)	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8.23.
MPOKIANI:		27d. PHYSICIAN'S NAME (TYPE OF	& ASPUAND		TOSZPA A	08-
5		URIAL, CREMATION, REMOVAL SPECIFY) Burial	- 1 1	NAME OF CEMETERY OR CREMATOR Puid Ridge Cem.	23d LOCATION CITY OR TOWN Pikesvill	e.Balto M
82	24. FU	INERAL DIRECTOR	ADDRESS	25a. D	ATE REC'D. BY REGISTRAR 251	
	TVT	. Gladden Ku	rtz Jarrett	sville, Md.	AUG 2 5 1982	and there

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NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be	retained by the hospitol or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the furnish armount plane should be detached for use as the burial-transit permit. Then please remove corbon papers, Pages 1 and 2 should be filed within a final armount.	with the State Dept. af Health and Mental Hygiene prior to burial, crematian, ar removal.
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7/8	Short Short	3

		STATE REGISTRAR CEASED NAME FIRST		WIDDLE	CERTIF	HEALTH AND MENTAL HY FICATE OF DEATH	REG. N		AY YEAR	12b HOUR
		E OR PRINT) Kath	ryn	Belton	Wi	ingo	8/27/82			100
1	3. SE)	Х	4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	
		Female	Whi	te	JA	N 29 1 1 900	82	YRS.	ONTHS DAYS	HOURS
4		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	- C NEVER WARRIED C	9 BALTIMORE CITY		OF DEATH	
3		Virginia	U.S	. A.	WIDOWI	ED NEVER MARRIED DIVORCED	Balti	more	County	J
TA.	10. C1	ITY OR TOWN OF DEATH			NG HOME	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION	12b. KIND O	OF BUSINES
		Lutherville		CH FACILITY, GIVE STREET		sing Home	Homem:		INDUSTRY	
	USUA	AL RESIDENCE (IF NURSING HOM	OR OTHER INSTITUTION			Sing Home				
5		laryland	<u> </u>	Balt	O	13d. INSIDE CITY LIMITS?	13332 Paddi	ington	Rd. 2	1212
	14 FA	ATHER'S NAME		LAST		15. MOTHER'S MAIDEN NA	AME			
1		William Tho	meson	Belton		Alice	WIDDLE		Wo	od
A	6a. V	WAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS	2120	
4	()	YES NORTUNKNOWN) (IF YES	GIVE WAR OR DATES)	272 30	1.1.3	Mrs. Shirle	v W. Hoope	r 7813		
		Conditions, if ony, which gave rise to immediate cause (a), stating the	(b)_	DR AS A CONSEQUE		orojie (wid	lio Vasailer			
	CATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C	or as a Consequi	ENCE OF	I NOT RELATED TO THE TERM		NDITION GIVE	WERE FINDI	INGS USED
	RIFICATION	gove rise to immediote couse (o), storing the underlying couse last. PART 2. OTHER SIGNIFICAT	DUE TO, C (b) DUE TO, C 1c) T CONDITIONS C	or as a Consequi	ENCE OF		MINAL DISEASE OR CON	NDITION GIVE	, WERE FINDI	INGS USED
	CERTIFICATION	gove rise to immediate couse (a), storing the underlying couse last. PART 2. OTHER SIGNIFICAT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, C (b) DUE TO, C Ic) T CONDITIONS C 19b. COND	OR AS A CONSEQUI	ENCE OF		MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	, WERE FINDI YING CAUSES	INGS USED S OF DEATH
7		gove rise to immediote couse (o), storing the underlying couse last. PART 2. OTHER SIGNIFICAT	DUE TO, C (b) DUE TO, C IC) TOONDITIONS C 19b. CONE DEATH THE CHOUR A	OR AS A CONSEQUE	ENCE OF	DN WAS PERFORMED	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	, WERE FINDI YING CAUSES	INGS USED S OF DEATH
ì	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICAT 198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, C (b) DUE TO, C Ic) T CONDITIONS C 19b. COND DEATH P 21b. PLACE	ONTRIBUTING TO DITTION FOR WHICH	DEATH BUT OPERATION AY YEAR 19	DN WAS PERFORMED	MINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{NO} \)	20b. IF YES, IN CERTIFY YES	, WERE FINDI YING CAUSES	INGS USED S OF DEATH
7		gove rise to immediate couse on storing the underlying couse last. PART 2. OTHER SIGNIFICAT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (Ither sow the deceased alive obove, (II) or the hydrox 22b. SIGNATURE	DUE TO, C (b) DUE TO, C Ic) NT CONDITIONS C 19b. COND 19b. COND 19b. COND 21b. TIMEC HOUR A P 21c. PLACE (AT HOME. S1	ONTRIBUTING TO DITTION FOR WHICH OF INJURY .M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F	DEATH BUT OPERATIO AY YEAR 19 FARM. ETC.)	214. HOW INJURY OCCUP	200 AUTOPSY? YES NO CITY OR TO	206. IF YES, IN CERTIFY YES JRY IN ITEM 18 PA	WERE FINDI (ING CAUSES)	INGS USED S OF DEATH NO St.

DHMH-16 30M 2/80 (VRA 15, 4)

E. Lowell Lemmon Padonia & York Rds.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complete should be detached for use as the burial-transit permit. Then please remove carbanpapers, Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. Towson, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR STATE REGISTRAR		DEPART	CERTIFICA			8	REG. NO.	2	0	1 0	6
1. DECEASED NAME (TYPE OR PRINT)	FIRST J S	WIDDLE	LAST LAST	. D	20	DATE OF D	EATH MON		AY YEAR	26 НО	
MA LE	A BACE	hite	S. DATE OF BIR	тн					E UNDER 1 YEAR IF UNDER 24 HRS		24 HRS
To BIRTHPLACE THATE OR FO COUNTRY) Maryland		WHAT COUNTRY?	8 MARRIED WIDOWED	NEVER MAR	PIED 7	ALTIMORE	CITY OR C				
TOWSON	GBMC-0	HOSPITAL, NURSIN	IG HOME OR OT	ER INSTITU	TION 12a	USUALOC	CUPATION		12h KIND	of BUSIN	ESS OR lec
*	GHOME OR OTHER INSTITUTION 3b COUNTY Baltimore	136. CITY OR TOW TOWSON	N 13d YES		o [*] ⊡ G	STREET AD	DRESS a Ct.	& Di	xie D	rive	
Louis	WIDDLE	Winkler	15. A	Annie	AIDEN NAME	,	MIDDLE		Botc	her	
160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU 216-01-4		s. Gr	ace S.	LaCros	ADDRESS	05 н	amlet	Aven	ue
PART 2 OTHER SIGNE	the last DUE TO, O'	R AS A CONSEQUE CANCE F DINTRIBUTING TO E	}	RELATED TO	THE TERMINA	L DISEASE C	DR CONDITIO	ON GIVE	N IN PART 1	lo	
190. DATE OF OPERATION	ON 196 CONDI	TION FOR WHICH	OPERATION WA	S PERFORMI		ROO AUTOPS		b. IF YES, 'I CERTIFY! YES	WERE FIND ING CAUSE	INGS USE S OF DEAT	TH?
A STATE OF THE STA	USE OF DEATH HOUR A.I	m. month da m.	AY YEAR	AULAI MOF	Y OCCURRED	(ENTER NATUR	E OF INJURY IN	ITEM 18 PAR	RT I OR PART 2)		
21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LAT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	OCATION	0.0		ITY OR TOWN		COUNTY		1 ATE
	his hospital) ottended the olive on 8/2/	100			9 82 () apinian deat	10	24 on the dote o	ond havi a	7.0		we) lost
Pundan			DEGR	E					22c. DAT	ESIGNED	,
22d. PHYSICIAN'S NAM	AE (TYPE OR PRINT)	em m	· D.	ATTE PHY ADDRESS			STAFF PHYSICIAN	P.	120. DAT 87	124	18-5

1050 York Road 250. Date REC'D. BY REGISTRAR 25b. RECISTRAR'S SIGNATURE
Powson Maryland 1116 2 5 1080

STATE OF MARYLAND

THE RESTRICT SESTEMBLE AND ALL SCRESSIA SAME STORES . LUTA- P. C. L. C. L.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

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SEP 2 1982 Cohief

20107

REGISTRAR					REG. NO.	
1. DECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT)	OLIVE A	DELE WINS	LOW		August 26, 198	2 10.15 1
3. SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR OF UNDER 24 HRS
F	W		Apri	1 2, 1890 EAR	92 YRS.	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
Iowa	US	A	WIDOW		Baltimore Co.,	MI
10 CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OF
Towson				rsing Home	(1YPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY
USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	134 STREET ADDRESS	
Md. Baltimore Towson YES NO K 712 Milldam R						ad
14 FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA		LAST
William	Balcke	1431		FIRST	ouise Hoffman	LASI
(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRESS	
No	AE MAK OK DATES!	220 46 7	734	Mr. Clinton	I. Winslow 712	Milldam Rd.
18 CAUSE OF DEATH (Enter a	nly one cause pe	r line for (o). the land	dicu		7) 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSI	D BY	att.	1 00	in Comme	- alus rates. V	1 5 1 10 55 may
HO > IMMEDIA	TE CAUSE (a)	0111		Co do de	Jew Jew	5 4000
1027	DUE TO, O	R AS A CONSEQUE	NCE OF		V	7
Conditions, if any, which gove rise to immediate	(b)_				Maria Company	
couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF			
underlying cause last	(c)					
PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONIRIBUTING TO D	DEATH BUT	NOTRELATED TO THE TERM	MNAL DISEASE OF CONDITION GIV	EN IN PART Ital
No I	tella a	Pour	211	(arten!)	a seeder De	some 12 Mer
4 190 DATE OF OPERATION	IN COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES	
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	CH				YES NO YE	YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY .M. MONTH DA	V VEAD		RED LEMIER NATURE OF INJURY IN ITEM 18 P	'ART I OR PART 2)
OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DE	19			
OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTH) MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION		
WHILE AT WORK AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this hosp	itoliwattended th	ne deceased from	au	19,51 h 10 61	+ 10 (2) sound Wa	19 02, that (I) (we) las
sow the deceosed alive ar obove, (1) (we) (did) (did no	augus	1 7 19.6	820	nd that in (my) (our) opinion	death occurred of the date and hav	
226. SIGNATUIT	A J	differ degin.		DEGREE		The DATE GRED
(1) VIn. 1	11	repore	10)	ATTENDING	MEDICAL STAFF	8/27/00
22d. PHYSICIAN'S NAME	SIA TI	7	00 1	22e ADDRESS	DIRECTOR PHYSICIAN	10/-1/8
W. Grafton	STATE OF THE PARTY	ger. M. D			cal Arts Building	0 21201
30 BURIAL CREMATION REMOVAL				EMETERY OR CREMATORY	23d LOCATION	0
(SPECIFY)	8/30			Ridge Mausole	CITY OF TOWN	COUNTY STATE
Entombment	0/30	JOZ DI	ulu	grage Languie	mid par erinore, i	ACL 6

6500 York Rd.

DHMH - 16 50M 1/81 (VRA 15, 4)

shauld be detoched for use as the burial-tronsit permit. Then please remove carbonpapers. Pages I and 2 she with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, or remaval.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physicion.

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IMPORTANT: If them 21 is morked or Item 18 shows ony

74 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC.

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I - money Moon, Marke Send, Mr. 21074

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26. DATE OF DEATH MONTH MIDDLE 1. DECEASED NAME (TYPE OR PRINT) August 7,1982 Marian Virginia WISNOM & AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH May 7.1982 White Female IRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION

4:43pm 3 SEX IF LINDER 1 YEAR **T4** BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12b. KIND OF BUSINESS OR M CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE Towsor Mother's Address Mary land 130. ST 648 Towne Center Drive Joppa TOWN 13d. INSIDE CITY LIMITS? Harford NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME William Westley Marv Benkes Wisnom Kathleen 16h SOCIAL SECURITY NO 17. INFORMANT Mother's Address 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 548 Towne Center Drive II. CAUSE OF DEATH (Enter only one couses Imma tur PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if onv. which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G CERTIFICATION 20h, IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOY NO F 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH d Mental (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 211. LOCATION 21d. INJURY OCCURRED COUNTY STATE CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220-1 certify that (1) (this haspital) attended the deceased from August sow the deceased alive on August 7, 1982 and to August that # (we) last and that in (our) opinion death accurred on the date and hour and from the causes stated above, (we) (aid) (did not) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE ORPRIN 22e. ADDRESS ld b Franklin Square Drive Baltimore, Md. 21237 9000 Stephen Hooper, M. W. 234. NAME OF CEMETERY OR CREMATORY 23a. 8URIAL, CREMATION, REMOVAL 23b. DATE Franklin Square Hospital 9000 Franklin Sq. Dr. Disposed To Hospital 8/12/82 250 DATE REC'D. BY REGISTRAR 26, REGISTRAR SQIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 NAME ADDRESS

(VRA 15, 4)

AUG 2 5 1982

26 HOUR

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		CEASED NAME FIRST		MIDDLE	L	AST	REG. N 2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUI
1		Antoi	nette	н.	WIT	HAM	August 2,	1982	4:42
/	3. SE		4 RACE		5. DATE C	DAY YEAR	6. AGE (INTERIOR	MONTHS DA	
T	7. 0	Female RTHPLACE STATE OR FOREIGN		ite F WHAT COUNTRY?	Apri	1 30, 1895	-88-V ₈₇	YRS	
MAD)	7u. D	Austria	US			D NEVER MARRIED DIVORCED	Baltimore	COUNTY OF DEATH	320
and the second	10. C	TY OR TOWN OF DEATH	III. NAME O	F HOSPITAL NURSIN	WIDOWE IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 126. KIN	D OF BUSINE
dog /	-	lossville 2123		uch FACILITY GIVE STREET Lin Square		oital	Seamstres		hing
26	13a. S			131. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO X	-	lesex Rd. 2	21221
25 SC			nn Hant	Hnat		Antoinie	Antoinia		LAST Markov
medicol	16a V	VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)			17 INFORMANT	ADDR		
the m		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	***		4242	Antionette l	arie blant		ROXIMATE INTER
ta burial. cri njury. ar ath	NC				DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART	110
ows ony ii	CERTIFICATION	Respirat	.19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES []	DINGS USED SES OF DEAT NO
tem 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCUR		RY IN ITEM 18 PART 1 OR PART	21
orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC (AT HOME !	E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	51
n 21 is mo	J	22a 1 certify that this has sow the deceased alive above, (we) (did) (and	on_August	. 2 19		30, 19_82 od that in (aux (our) opinion -	, toAugust death occurred on the d		, that X (v
lter Iter	Š	Robert 2.	Opr	aren o	M	DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF.	12/82
- T. T.		22d. PHYSICIAN'S NAME (TVE		И В		9000 Frankli	n Square Dr	Balto	21237
with the State D		Robert F		X . M . D .		EMETERY OR CREMATORY		.,,	2,20,

Werels Arrive Arrive 10, 1995 Meer 25 Arrive 10 Tenning to the later of the delication and another than the factors of well allowed the allowed DistribuseDetailed x JM = 1 - M = 1 The state of the s 023 79 -242 kithohette Serie Done Done for the read the ference of outle adored in the Park

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completely filled in by the and 2 should be filed

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Then please r

the attending physician

	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF HI	OF MARYLAND EALTH AND MENTAL CATE OF DEATH		8 2 REG. N	2	0	
		CEASED NAME	FIRST	WIDDLE	LA	ST	20	DATE OF DEATH	MONTH [DAY YEAR	2b HOUR
			ELLA	ANNA	WOH.			ugust 2,	1982		2:20p M
1	3. SE>	Temal	e	white	S. DATE O		6	GE (IN YEARS LAST BI	YRS.	IF UNDER I YEAR	HOURS MIN.
35		MD.		Th CITIZEN OF WHAT COUN	TRY? 8. MARRIED WIDOWE	NEVER MARRIED		altimore city of	_		MD.
57		Rossy Marylan	ri 11e		JRSING HOME O	ROTHER INSTITUTION		USUAL OCCUPAT PE OF WORK FOR MOST		E) INDUSTRY	maker
35		STATE Med	13b COUN	OTHER INSTITUTION GIVE RESIDENCE TY 13(. CITY OR		13d. INSIDE CITY LIMIT YES NO	_ /	STREET ADDRESS	tulle	elin F	Fue 2/23
30	14 FA	THER'S NAME FIRST	PAN	USKA		Felamena Frest		MIDDLE	J	unec '^	ST
1		VAS DECEASED EV YES, NO OR UNKNOWN)		WAR OR DAYES	SECURITY NO.	Mildred	E.	Drsata,		Dana	Vista
		18 CAUSE OF DE PART I. DEATH	ATH (Enter onl) WAS CAUSED IMMEDIAT		co tensi	ve Shoel	40	yrdror	ne	BETWEEN	CONSET AND DEATH
	16	OO Conditions, if o	ny, which	DUE TO, OR AND ONS	Regele	ation				12-	20 hr
		gave rise to cause (a), sto underlying ca	ating the	DUE TO, OR AS GONS	uto Eis	circy Tr	roct	De fee	In.	7-8	days.
	NOIL	PART 2 OTHER S	IGNIFICANT C	ONDITIONS CONTRIBUTING	Keonie	NOT RELATED TO THE	TERMINAL	DISEASEORCON	IDITION GIV	EN IN PART I	0
9	CERTIFICATION	190. DATE OF OPE	V IN CERTIF							, WERE FIND! YING CAUSES S []	
9	AL	216. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N	CAUTE OF DEA		DAY YEAR	21t HOW INJURY OC	CCURRED	(ENTER NATURE OF INJU	IRY IN ITEM 18 P.	ART 1 OR PART 2)	TUT
	MEDIC		WHILE WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM ETC)	211. LOCATION STREET		CITY OR TO)WN	COUNTY	STATE

TO FUNERAL DIRECTOR: After this certificate has been Aould be detached for use as the burial-transit permit. with the State Dept. of Health and Mental Hygiene pria 220.1 certify that (I) (this hospital) attended the deceased from saw the deceased glive on If Item 21 is saw the deceased alive on abave, (we) (did) (and of view the bady after death and that in (my) (a) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATU DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: NAME (THE DEPENT) 22d. PHYSICIA 220 ADDRESS John Hyle Parkwood Cem.

24 FUNERAL DIRECTOR Lassahn Funeral Home, 7404 Belair Rd.

8-5-82

236 DATE

Burial

23d LOCATION Parkville Ballto., Hate

22c. DATE SIGNED

BP.

The Court of the C

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completing tilling in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fined with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC	NO	

1.	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	20	1 1 2
	CEASED NAME FIRST		MIDDLE	i	AST		ON 4 DAY YEAR	2b HOUR
1	Eleano	ore N	Margar	et Mull	er Wright	August 4	, 1982	M
3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHE	MONTHS DA	
	Female	Whit	е		ruary 11, 1911	71	YRS.	S HOURS MIN.
7a B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY2 8	D NEVER MARRIED	9 BALTIMORE CITY OR		
	New Jersey	/ USA		WIDOWE		Baltimore	County.	MD
16 C	ITY OR TOWN OF DEATH	1. NAME OF	HOSPITAL, NUI	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	N 12h KINE	OF BUSINESS OR
	ockeysville				Infirmary	Secretary		rmacutica
13a	AL RESIDENCE (IF NURSING HOMEO STATE 13h COU ew Jersey Oce	ROTHER INSTITUTION NTY 2 12	131. CITY OR T			13e. STREET ADDRESS 1		
	ATHER'S NAME	ali	Lakew	voou	YES NO.X	Leisure Vil	lage East	
	FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST
_	Paul		Muller	Sr.	Florence	May	Kel 1505 Pho	lam
		VE WAR OR DATES)	16h SOCIALS		17 INFORMANT Brot			
	No		066-10)-5314	Mr. Paul M	uller, Jr. Ph		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse pe					APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
		TE CAUSE (o)	R	enal fa	ilure	-		
	1830	DUF TO, C	R AS A CONSE	OUENCE OF				
	Conditions, if ony, which	(b)_		arcinom	atosis			
	gove rise to immediate cause (a), stating the	DUETO	R AS A CONSE	OHENCE OF				
	underlying couse lost	(5)		A ovary			10	982
	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT		
ON								
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE	DINGS USED
IIFIC						YES NOM	IN CERTIFYING CAUS	ES OF DEATH?
ER	210. ACCIDENT WAS UNDERLYING	21b. TIME C	F INJURY		21c HOW INJURY OCCURR			1
	OR CONTRIBUTING CAUSE OF DE	AIII	M. MONTH					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED		M. OF INJURY	19	211 LOCATION			
ME	WHILE D NOT WHILE D		REET, FACTORY, OFF	ICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK							
	220.1 certify that (I) (this hasp					to August 4		_, that (l) (學) lost
	sow the deceased alive or above, (I) (we) (did) (did no	ot) view the body	after death		id that in (my) (aur) opinion a	leoth occurred on the dote	ond hour ond from t	ne couses stoted
	22b. SIGNATURE			Die	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	2/	HEZ
	22d PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	PIRECTOR THISICIA		100
	Donald O. W	Vood. N	[. D.		YorkRd. & C	reenmeado	w Drive 7	'imonium
	BURIAL, CREMATION, REMOVAL			3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	Trave, 1	Linomani
	Burial	8/9/8			ew Cemetery	Westfield,	Union County	a., N. J.
	UNERAL DIRECTOR		Tir	nonium	L 9 TATOLO	REC'D. BY REGISTRAR 051	L REGISTRAR'S SIGN	ATURE WAR
L	emmon-Mitch	ell-Wie	defeld	10 W. I	Padonia ALIC	- 4 1982 6	was Stranged	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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FOR

REGISTRAR I. DECEASED NAME

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- STATE

TYPE OR PRINTE

2 97	1		ELSIE	ALMA	WRIGHT		August 2, 1
1 (1)	A)	3. SE	X 4.5	RACE	5 DATE OF BIRTH	/ 45.40	AGE (IN YEARS LAST BIRTHD
5 1	9	E	emale	white	12/11	1897	87
# 00	BI		IRTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNT	MARRIED AND NEVE	MARRIED -	BALTIMORE CITY OR
degt degt	30		Md.	U.S.A.	WIDOWED	DIVORCED	Baltimore (
1 13	1/h	10 C	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NUR LIF NOT IN SUCH FACILITY, GIVEST		STITUTION	120 USUAL OCCUPATION
201	01	B	altimore F	Ranklin Sq	JUANE WOS	Dital	house wit
1 how	101		AL RESIDENCE (IF NURSING HOME OR OTH 13b. COUNTY	TER INSTITUTION GIVE RESIDENCE IN 136. CITY OR T	FORE ADMISSION) OWN 13d INSIDE	CITY LIMITS?	13e. STREET ADDRESS
AN A	25		MD. RA	10.	YES 🗌	NO 🔀	101 EAST
MARYL ed with mpletel	NE DA	14 F/	ATHER'S NAME FIRST MIDI	DLE LAST		R'S MAIDEN NAM	MNDDLE A
. 5 0-		41	igust FRanz	L. Kohlh	eim Ber		arie L. D
exect ond c	dico	160 \	YES, NO OR UNKNOWN) (IF YES, GIVE W.	AR OR DATES)	ECURITY NO. 17 INFOR		ADDRESS
be e	med /		NO	312-18	1-50371B U	ulliam	W. Wrisht
N ST., BAL certificate ing physici	oval.		18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	V			
ST.,	eve		O MAMEDIATE C	AUSE (a) Aspirati	ion of Gastri	c Conten	ts
death cer	notic		3387	DUE TO, OR AS A CONSE			
PRESTON he death of he attendin emove corts	trau		Canditians, if ony, which gave rise to immediate	(b) Progress	<u>sive Degenera</u>	tive Neu	romuscular D
	ther		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE	OUENCE OF etiol	gy undet	ermined
DS, 201 M quires that signed by hen alease	oro			(c)			
ORDS, 201 W requires that en signed by Then please	o bu	Z	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING	O DEATH BUT NOT RELAT	ED TO THE TERMIN	NAL DISEASE OR CONDIT
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law requirenteding physician. As the buriol transit permit. There is the purposition in permit. There is the buriol transit permit. There is the buriol transit permit. There is the buriol transit permit.	n y	CERTIFICATION	190, DATE OF OPERATION	19h CONDITION FOR WH	ICH OPERATION WAS PER	FORMED	20a AUTOPSY? 2
L RECO	ws on	FIC		17.0.001.011.011.011	CHOI ENATION WASTER	OKMED	II II
1TAI	Hygie 18 sho	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW	INJURY OCCURRE	YES NO
N OF VITA SICIAN: Th ing physicia certificate	1 m 18		OR CONTRIBUTING _ CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR		- Terrier Harone of Moon In-
ONC IYSIC ding is cer	Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 211 LOCA	TION	
VISIO G Ph refer th	puo	AE.	WHILE NOT WHILE	(AT HOME, STREET FACTORY, OFFE			CITY OR TOWN
DIN O S	mort		22a.1 certify that K(this hospital)	attended the deceased from	m July 26	10 82	to_August 2
DIVISION OF VI ATTENDING PHYSICIAN: Sophtal or attending physics CECTOR, After this certifical districts on the buriol-trace	of He	1	sow the deceased alive an	August 2	02	y) (our) opinion de	eath accurred on the date
OR AT e hasp DiREC	e de la company.		abave, (we) (did) (did ot) vi 22b. SIGNATURE	ew the bady after death.	DEGREE		
the the	te D		2 Blue	1		ATTENDING	MEDICAL STAFF
SPITA by JERA	Sto		THE PHYSICIAN'S NAME THE OWN	(hd)	22e. ADDR		DIRECTOR PHISICIAN
D HOS storned O FUN	MPORTA		Eric I	Bligard	ann	O Frankli	in Square Dr
5 5 5 5	₹	23n F			3. NAME OF COMETERY O	Dental	1224 LOCATION

MIDDLE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MRIGHT

20. DATE OF DEATH MONTH DAY 2b. HOUR 1982 1:30p M IF UNDER I YEAR HOURS COUNTY OF DEATH County 12b. KIND OF BUSINESS OR ORKING LIFE) INDUSTRY own home Disease ION GIVEN IN PART 1(a 06. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES | NO [TEM 18 PART 1 OR PART 2) COUNTY STATE _, that X (we) last and hour and fram the causes stated 22c. DATE SIGNED ive 21237 CITY OR TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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[]	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME	FIRST	-	MIDDLE	Į,	AST	20. DATE OF DEATH		YEAR	2b HOUR
(177)	S/	DIE			WYM	AN		8 21	82	9.300M
3. SE	× EMALE		RACE WHIT	E	5. DATE C		6 AGE (IN YEARS LAST		UNDER I YEAR	
	RUSSIA	OREIGN 7	USA	WHAT COUNT	RY? 8 MARRIEI WIDOWE	D NEVER MARRIED DIXIX DIVORCED	9 BALTIMORE CITY BALTI			MD.
R	ANDALLS TOWN	N	BALTT	MORE CO	UNIY SGE	N. HOSP.	120 USUAL OCCUPA		126. KIND	OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURS STATE ARYLAND	13b. COUNT BALT	ſΥ	136. CITY OR T	OWN	13d. INSIDE CITY LIMITS? YES NO XX	13e STREET ADDRES 6507 WICK		0.	#21209
	ATHER'S NAME FIRST DAVID		IDDLE	SCHWAR	TZ	15 MOTHER'S MAIDEN NA FIRST MOLLIE	WE		UNKN	OWN
	vas deceased ever yes noorunknown) NO		VAR OR DATES)	16b SOCIALS 219-3	2-0034D		R. HERMAN ^{AD} ELD RD.	MAN BALTO.	, MD	21209
CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN BY DATE OF OPERAL	tediote g the last.	DUE TO, OI	SEF	OUENCE OF	FAIL UR NOT RELATED TO THE TERM RENAL N WAS PERFORMED	INAL DISEASE OR CO	NDITION GIVEN		11 - 15-
RTIFIC							YES NO	IN CERTIFYIN	G CAUSE	S OF DEATH?
MEDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH	AUSE OF DEAT AL EXAMINER)	P.I	M. MONTH M.	19	211 LOCATION STREET	RED (ENTER NATURE OF IN		OR PART 2)	STATE
	270 Certify that (1) sow the decease obove, (1) (we) (d) 220. SIGNATURE	(this hospite	and the same	1	9, on	d that in (my) (our) apinion (nd from the	that (I) (we) lost ecouses stated
	22d PHYSICIAN'S NA	ME (TYPE OR	PRINT)	yED	M.D	ATTENDING PHYSICIAN [27e ADDRESS BALTIMURE		AFF ICIAN DEN	1 41	2/182 03/2
230 E	BURIAL, CREMATION, I		AUG. 2	3,1982		EMUNAH	23d. LOCATION BALTTN	ORE °	OUNMAR	YLANDATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with with 8 state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR

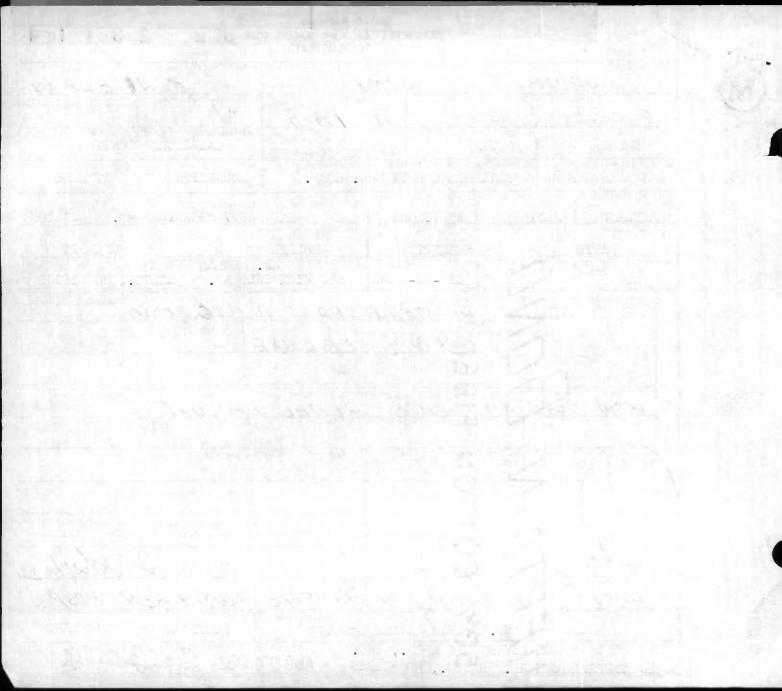
6010 REISTERSTOWN RD.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be

10 HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physician.

SOL LEVINSON & BROS., INC. 21215 BALTO. MD

250. DATE REC'D. BY REGISTRA 256. REGISTRAR'S SIGNATURE AUG 24 1982



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	REG. NO.	2	0	1	1	ì
					-	_

REGISTRAR				REG. N	0.	
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDL	E LAS	51	20 DATE OF DEATH	MONTH DAY YE	AR 25 HOUR
Atwood	R.	Wyn	n	August 1	0, 1982	1:58 1
3. SEX	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR		
Male	White	Aug	6, 1909	73	YRS MONTHS	DATS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	X NEVER MARRIED	9 BALTIMORE CITY O		ГН
Maryland	USA	MARRIED-		Baltimo	re County	, M
10. CITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME OR		12a USUAL OCCUPATI	ON 125. KI	ND OF BUSINESS O
Baltimore	Franklin	Square Hos	pital	Pipe For	eman INDUS	Exxon Cor
Md. Bal	NTY 13c.	ockeysville		13e STREET ADDRESS 14 K. Bee	Co Hive Pla	ockeysvil ce
14. FATHER'S NAME FIRST	MIDDLE	LAST	 MOTHER'S MAIDEN NA FIRST 	MIDDLE		LAST
Harvey	Wyn		Katherine		Sobe	r
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!		17 INFORMANT	ADDRE	Cock	keysville
No	2	15-07-4413	Mrs. Evely	n A. Wynn,	14K Bee	Hive Pla
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Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	iona of	the of		RT Iro
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DHMH - 16 50M 1/BI (VRA 15, 4)

OR ATTENDING PHYSICIAN. The low

retained by the haspital or attending physician.

should be detached for use as the buriol-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

8/14/82

Parkwood Cemetery

Baltimore,

Maryland

250. DATE REC'D. BY REGISTRAR 256. RESTRAR'S SIGNATUIT Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padoni August

INPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

STATE OF MARYLAND	-	813	-	^	2	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	ਠ	La	da	U	-	1
CERTIFICATE OF DEATH		REG. NO.				

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	201	1 6		
	CEASED NAME	FIRST	M	IDDLE	1	AST	20 DATE OF DEATH		HOUR		
1111		egina		G	Urba	nowski	August 24	, 1982	M		
1.50)		4 RA	ACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		NDER 24 HRS		
	Female	I	White		Sep	t 5, 1896 EAR	85	YRS HOL	IRS MIN.		
7a Bif	RTHPLACE (STATE OR FO	OREIGN 76 C	ITIZEN OF V	VHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF				
	Poland		U.S.A	1.	WIDOWE	**	Baltimore	County	MD.		
	TY OR TOWN OF DEA Parkville		(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET Westmore	ADDRESS) _	PROTHER INSTITUTION Ave	120. USUAL OCCUPATION OF Retired Sec	126. KIND OF BUS WORKING LIFE LINDUSTRY AMSTICES			
USUA 13a. S	L RESIDENCE (IF NURSE	NG HOME OR OTHER 13b COUNTY Balti	1	GIVE RESIDENCE BEFORE 134 CITY OR TOW Parkvill	N	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS to	moreland Ave			
14 FA	THER'S NAME FIRST Leon	WIDDLE		zegorzak		15. MOTHER'S MAIDEN NAM Leonarda	_	Popacki	14		
	AS DECEASED EVER		FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES				
(Y	es, no or unknown) NO	(IF YES, GIVE WAR	OR DATES)	212-10-5	232	Miss Isabel	le Mecinski	4644 Walther	Blvd		
NO	Canditions, if any, gove rise to imm cause (a), stating underlying cause	which dedicate distributions and the last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	NCE OF	FAI UR PAI UR NOT RELATED TO THE TERM		ITION GIVEN IN PART 1101			
CERTIFICATION	190 DATE OF OPERAT	101	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS L IN CERTIFYING CAUSES OF D YES \(\bigcap \)	EATH?		
MEDICAL CERT	210. ACCIDENT WAS UNDER	AUSE OF DEATH				21c HOW INJURY OCCURR		IN ITEM 18 PART 1 OR PART 2)			
MED	21d. INJURY OCCURRI		21e PLACE O (AT HOME, STRE	OF INJURY ET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE		
	22a certify that (1) (saw the decease abave, (1) (we) (di	d alive an	whe bady a	19 8	2 <u> </u>	d that in (my) (our) opinion o	, to death occurred on the dat	e and hour ond from the cause	l) (we) last s stated		
	22b. SIGNATURE	Cl	ld	lu		DEGREE ATTENDING PHYSICIAN 1220. ADDRESS	MEDICAL STAFF				
	/ (Celiar E	E Parr			7122 Harford	d Rd Balti	more, Maryland	7		
23o B			E Parr		AME OF C	7122 Harford	d Rd Balti	more, Maryland	STATE		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Leonard J Ruck Inc. Baltimore, Maryland

AUG 2 6 1982

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

etained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 shauld be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

injury, ar ather traumatic event, the medical

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

executed within 24 hours after death. Pagest may be

	STATE OF MARYLAND						
FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	2				
REGISTRAR	Taxinitania oi benin						

1	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	REG.	2	0 1	17
	ECEASED NAME THOMAS		ARD		TES	26. DATE OF DEATH	8 31	B2	26. HOUR 6 A M
3. SI	Male Male	4 RACE Whit	е	5 DATE	OF BIRTH 26AY 15AR	6 AGE (IN YEARS LASTE	SIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
M	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Aryland	U.S.		WIDOW		Baltimore City			MD.
C	atonsville	120 St	nithwood	Ave.	OR OTHER INSTITUTION	(Type of work for most Meatcutt	OF WORKING LI	IZB KIND O INDUSTRY Groc	ery
13a.			13c. CITY OR TOW Catonsvi	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	hwood	Ave.	
	ATHER'S NAME FIRST Samuel	MIGGLE J.	Yates		Lucy	Grant			rrison
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G)	RMED FORCES?	214 01 9		Katherine R.				
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	VEN IN PART 110	5						
CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YE: IN CERTIF	S, WERE FINDIN FYING CAUSES IS	OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 1	PART T OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY FEET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n	oital) attended the name of the oil of the oil	deceased from 19	Parci 2	nd that in (my) (our) apinian o	, to			that (1) (we) last causes stated
	276. SIGNATURE James 276. PHYSICIAN'S NAME (TYPE	E R	me ;	m-	DEGREE ATTENDING PHYSICIAN 122e. ADDRESS	MEDICAL ST.		nug.	31, 1982
	James E. Kow	e, M. D.			413 Commonwe	ealth Ave.,	Balte)., Ad.	21228
	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 9/3/8			Shepherd Cem.	23d. LOCATION CITY OR TOWN	City.	COUNTY	STATE Many Land
SI	UNERAL DIRECTOR ACK Funeral Ho	me,Ellic	ott City,	Mary.	land 21043 SE	P 2 1982	John	HAR'S JONG	edicty

DHMH - 16 50M 1/81 (VRA 15, 4)

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	I beneficial	Although May	,00	STAGE Punero

DHMH - 17 (VR A15 ME (5)) 20M 4/82

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG.	NO.	0	i	. 1	8
014/01		NO AUTU	DAN	VEAR	21 110

REGIST	RAR		MED	CAL E	XAMIN	IER'S C	ERTIFIC	CATE	OF DEA	MH -	REG.	NO.	9	1		Ÿ
DECEASED		FIRST		MIDDLE			LAST			2a. DATE	KNOWN	_	NTH D	AY	YEAR	26. HOUR
(TYPE OR PRIN	T)	Charle	c		Enade	erick		Young		OF DEATH	ESTI- MATED	× 8	3 6	30	82	
SEX	4. RACE		E OF BIRTH	- 1/	AGE (IN YE		DER 1 YR.			2c. DATE		AOM C		DAY 19	YEAR	2d HOUR
		MON	TH DAY	YEAR	LAST BIRTHD	AY) MONTH	S DAYS	Hours	MIN	PRONOUN		,			00	2
Maile	*****			1935		RS.				DEAD			3 6			110:20
BIRTHPLA FOREIGN CO	CE (STATE OR	/b. C11	IZEN OF WH	AT COUNT	RY?	MARRI	ED X NE	VER MARR	IED 🗌	9. BALTIM		_				am
Maryl			J.S.A.			WIDOW	ED	DIVOR				ltimo				MD.
CITY OR T	OWN OF DEATH		ME OF HOSP	PITAL, NURS	SING HOM	E, OR OTH	ER INSTITU	TION	12a USI	JAL OCCUP MOST OF WOR	ATION (TYPE OF W	ORK 12b	KIND	OF BU	SINESS
Wood	llawn	(ir,			a Driv	ve			-	iness			PH		nacy	
UAL RESID	DENCE (IF IN NURSIN	G HOME OR OTHER		E RESIDENCE B	EFORE ADMISS								14.4	crt I	ICC Y	
STATE		COUNTY		13c. CITY C			13d. INSIDE O			EET ADDRE			A A		h -	
MD		Baltimor	e	Wood	TSWII			NO [09 Le	saga	Ur.	ADT		1C	
FATHER'S	T	MIDDL	-	L	AST		1	ER'S MAID	EN NAME	M	IDDLE			LAS	τ	
	rles	Louis		Your				th		Agnes			Beac	h		
	CEASED EVER IN	U.S. ARMED FO		16b. SOCI	AL SECURIT	Y NO.	17. INFOR	THAN			ADDA!	18 F	rank	lir	a Av	re.
yes				213/	32/92	46	Mrs.	Elle	en H.	Youn	g W	Iboo	awn	MD	21	207
_	AUSE OF DEATH	Enter only one c	ause per line f								-		T	APPR	OXIMATE	INTERVAL AND DEATH
PA	DT I DE ATIMICA	CAUSED BY:				nd of	head		Mean	pon: }	lando	nun		BETWEE	N ONSET	AND DEATH
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C	anditions, if ony		DOL TO, OK	13 A COI43	EGOLIACE	OI .										
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	ouse (a) stating th ing cause last.	e under-	DUE TO, OR A	AS A CONS	EQUENCE	OF										
		((c)													
	OTHER SIGNIFICANT CO	ONOITIONS CONTRIBU	TING TO DEATH B	UT NOT RELATI	O TO THE TERA	MINAL DISEASI	OR CONDITIO	N GIVEN IN PA	ART 1 (a)							
19a. D	ATE OF OPERATION	NC	196. CONDITI	ION FOR W	HICH OPER	RATION W	AS PERFOR	MED?					12	0 AU	TOPSY?	(110)
19a. D.														YE	s 👿	(HO)
21a E)	TERNAL CAUSE	WAS	21b. TIME OF	INJURY	054	21r H	W IN ILIPY	OCCURP	D TENTER	NATURE OF IN	URY IN ITEM	18 PART 1 /	OR PART 21		, <u>W</u>	140 🖸
UNDE	RLYING OR		HOUR A.M.	MONTH		R										
	RIBUTING CA		9:A P.M.		198		1f in	Tlict	ed w	ouna						
21d. IN	JURY OCCURRED) Hile (7)	21e PLACE O	F INJURY DRY, FARM, ETC		S	CATION			CITY OR TO	WN		COUNTY			STATE
AT W	ORK AT WOR	K X	ho	me		74	09 Le	sada	Driv	e, Cha	atwic	ck, E	Balt	oCo	,	MD
	I certify that I to		remains dess	sibad aba	o hold o-		y X(H			Inquiry		and in m				
		1 10	47										y opinio	18.0		
deat	n resulted from:	Matural cous	es 🔲,	Accident	, Su	vicide LX	Homi		Undet	termined mo	inner _	١.				
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FXAAA	INER'S NAME	-	-	_												
	OR PRINT)	-Hormez	R. Gu	ard M	.0.		ADDRESS_	111 P	enn	STree	t.Ba	lto.	MD	212	01	
BURIAL, (REMATION, REM				AME OF CE				73d 10	CATION			COUNTY			ATE
Burd	al	21	10/82	T	rrai n	Do-	ale Com		Wo	ortown	n	Ba	lto.		Mo	
FUNERAL	DIRECTOR			P.O	Box 2	68	- Contract	25a. DATE		1982				1300	E	A
STACK	Funeral	Home			ott C		אות פוע	UAN	012	3 1902	10	Hu	-0	4	wy	
DTWOW	T. mict.gr	r Home		PILLC	000	LUY	IVIU AL	.042			16/					

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OR ATTENDING PHYSICIAN:	the hospital or attending physic
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IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examination

r must be notified a

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. TO HOSPITAL BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

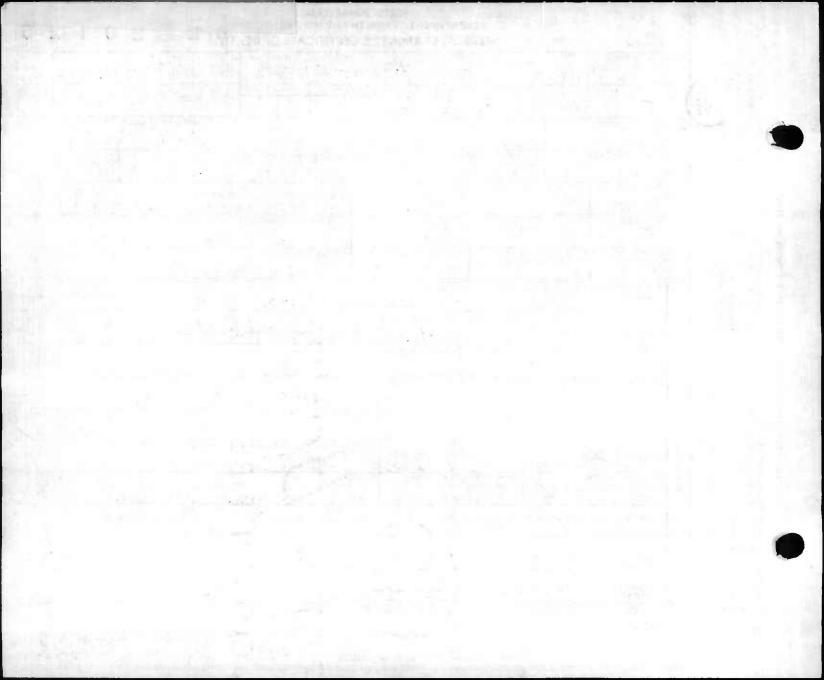
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR			DEPARTA		IEALTH AND MENTAL HYG	IENE 8 2	2	0 1	1 9	1
	CEASED NAME	FIRST		WIDDLE	1	LAST			DAY YEAR	2b. HOUR	_
		HRYSTAL	GE	ORGIA	YOU	UNG	08/23/82			7:14 P	M
3. SE	×	4. RA	CE		5 DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HR	5
1	Female	C	aucas	ian	MONTH 0	6/25/1899	83	YRS.	MONTHS DAYS	HOURS MIN	à,
7a. B	IRTHPLACE (STATE OR FO	DREIGN 7h C	IT IZEN OF	WHAT COUNTRY?	8 MADDIE	D K NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH		_
	Maryland			States	WIDOWE	DIVORCED	Baltimor	e Cour	nty	A	AD.
	ITY OR TOWN OF DEA	(HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	F BUSINESS C	R
	Baltimore C		rling	ton Bapti	st Nu	ursing Center	Home Make		1,1,000,101		н
130.	Maryland	Baltim		Balto. Co	V	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 7600 Clay	8 Lan	e		
14. F.	ATHER'S NAME	WIDDLE		LAST		15. MOTHER'S MAIDEN NAM			LAS		_
	Herman	J.	1	Meye	er	$\operatorname{Ann} \alpha$	R.			are	
	WAS DECEASED EVER ! YES, NO OR UNKNOWN)	N U.S. ARMED I		16b. SOCIAL SECU			arles G.ADY	ing;			
1	No			214-74-5	302	7600 Clays L	ane Balto.	MD.		MATE INTERVAL	
NO	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediate for the lost.	OUE TO, O (b) OUE TO, O	r as a conseque	NCE OF	NOT RELATED TO THE TERMI		DITION GIV	EN IN PART 110	51	-
CERTIFICATION	19a. DATE OF OPERAT	ION I	96 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED (ING CAUSES OF DEATH?		
	71a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURRI					
MEDICAL	21d. INJURY OCCURRI	LE D		OF INJURY SEET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE	
	22a. I certify that (I) (sow the deceased obove, (II) 22b. SIGNATUR 22d. PHYSICIAN'S NAI Dr. Day	d olive on di (did not) prev	the body	ofter death, 19		, 19 dt that in (my) (ser) opinion d DEGREE ATTENDING PHYSICIAN 122e ADDRESS 11 East Ches	MEDICAL STAT	ete and hour			st
	BURIAL, CREMATION, R	8	DATE 8-26-8	32 Lo:	rrain	EMETERY OR CREMATORY e Park Cemeter	23d. LOCATION		ltimore	STATE MD.	
24 FI	JNERAL DIRECTOR COP NAME Liberty	ing Bye Road	rs Fu Rando	meral.Dir allstown,	MD.	rs, Inc. AUG	REC'D BY REGISTRAN	7 REGISTI	PAR'S SIGNATI	URE LEE	

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	DIVISION OF VITAL RECORDS, 301 W. PRESTON 5T., BALTIMORE, MD. 21201	
TO MEDICAL EXAMINER:	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFFER DEATH. IF ANY DELAY IS NEC EXECUTE THE CERTIFICATE WRITING THE WORD "DENDING" IN PENCIL IN ITEM, IN ONE PAGES 1.2, AND 3 TO THE FUNI	A S
PAGE 4 SHOULD BE FOR	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 RETAIN PAGE 5 FC	4
TO FUNERAL DIRECTOR:	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BETFIED WIT	È
AFTER DEATH, WITH THE S	AFTER DEATH, WIJJU THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WIGH RECONDA 301 W, PI	٥

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		REGISTRAR		MED	ICAL EXAM	INER'S C	ERTIFICATE	OF DEATH	REG. N	10.		(a)
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OHOUSE W	SEX	4. RAC	E , 5	S. DATE OF BIRTH	6. AGE (IN YEARS IF UND	DER 1 YR. IF UNDE		DATE	MONTH	DAY YEA	R 2d HOUR
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日でいう		Maryland	St. 2CONT		Baltimo		YES W NO	_	Loch Ra	wan R	7 377	
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200		FIRST		MIDDLE	Weicht		Frieda	3.6	MIDDLE	**	LAST	
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2 2 7	(YE	S, NO, OR UNKNOWN)	(IF YES, GIVE W.							G.	len Arı	
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목본		lying cause last.										
S Z Z		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT PELATED TO THE	TERMINAL DICEASE	OF CONDITION CIVEN IN	BADT 1 (=)			<u> </u>	
A E E	z	TARE TOTAL STORE STORE	20000	dia a di	2 Hearing	1 17	nestelat	24.04	Proden	cert		
E E E	CERTIFICATION	19a, DATE OF OPERA	TION	TIAL CHILITI	ON FOR WHICH C	CO LL	PERFORMED?	1 word	1 9200	-	20. AUTOPS	
S TO	4CF	THE DATE OF GREAT	11014	INDCONDING	DIA FOR WHICH C	JERAHON WA	S PERI ORMED:	/1		-		/
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	CA	CONTRIBUTING	CAUSE OF DE		8 15 19	W.F	jay as	home				
DEP.	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE OF STREET, FACTO			ATION REET	O CITY	ORJOWN #	ÆOU	NIY	STATE A
O TE	, 2	WHILE NOT AT W	ORK ORK		whie	164	fol Joch	Kaver	Blyd.	Ba		Mal
STA	-											
る世中つい					. 57					па п ту ор	inion /	1
DE RE		death resulted from	: Natura	rcauses [, /	Accident ,	Suicide	Hamicide 🔲	/ Undetermin	ed manner	,	/	
W. AR		ACTUAL	ACTUAL STATE SPECIFY) DATE 8/21/82									-1/82
AH. W		SIGNATURE	170	as use	when	M.	o. Dog	MEDICAL	EXAMINER	SIGNE		-
DEA ORE		EXAMINER'S NAME	0	BOKIT	1/	11-72		171	1.0			
AFTER DI BALTIMO		(TYPE OR PRINT)	111	JUNE / 1	ENEC	ne K	DDRESS	6171	10			
BAI.	23a. Bl	JRIAL, CREMATION, R	EMOVAL 23	b. DATE	23c. NAME OF	F CEMETERY OF	CREMATORY	23d. LOCAT	ION	COUN	TY	STATE
		urial	1	8/24/82	Dem	7 7		Rall	62			
17		INERAL DIRECTOR				kwood	25a. DAT	E REC'D. BY REG	TST RAR TO SE. P. P.	MATRADIS	CHATURE	. //
5 ME (5)) 7/73		NAME Leonard	J Ruck	k Inc. Ba.	ltimore,	Marylan	nd A	UG 241	1982	ohn,	y lan	ug
1/10												



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dissipance should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fijed with 11

af Health and Mental Hygiene prior to burial, cremation, or removal, and in any event, within

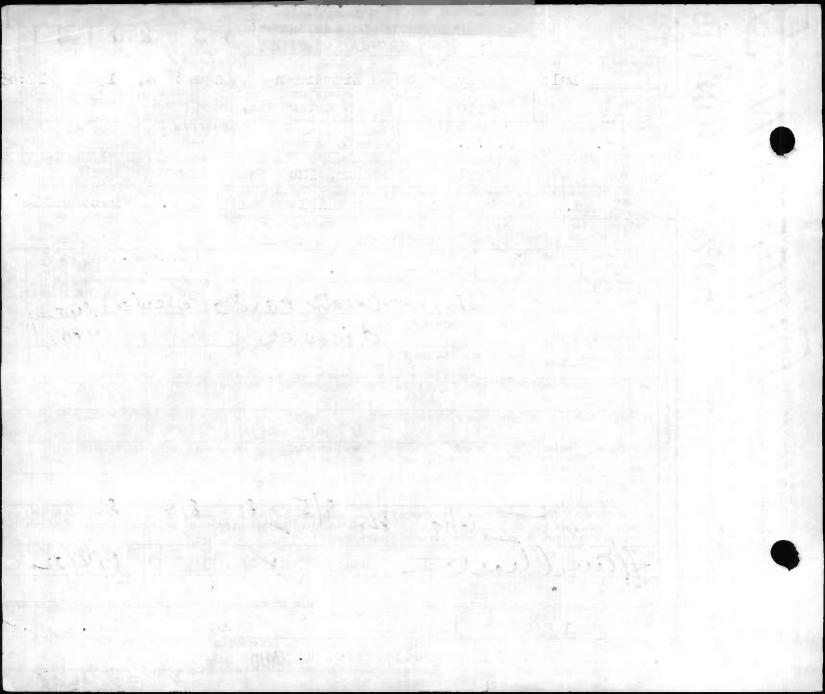
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20121

ł				CER	RTIFICAT	E OF DEATH				1 0	
Ì	1. DECEASED-NAME	First		Middle		Last		. DATE OF DEATH		M	2b. HOUR A
۱	(Type ar print)	Lula	Vi	rginia	Zi	mmerman		Augus t Month	+, Day 1	.982	12:49
1	3. SEX		4. RACE			DATE OF BIRTH		6. AGE (In v	eors IF	UNDER 1 YEAR	IF UNDER 24 HRS.
	Female		Whit	е		January	51,	1890 lost birthd	2 YRS.	MINS DATS	HOUKS MIN
	o. BIRTHPLACE (State (cauntry) Md.	ar fareign 7b	U.S.A	•	WIDOWED E		I	UNTY OF DEATH Baltimore	-0	0	Md.
	Towson	DEATH	11. NAME give street	of Hospital or Insti-	TUTION (If not Mano:	r, Incouri	Trostof	CUPATION (Kind of wo	retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
7	13o. USUAL RESIDENCE admission) STATE	(Where deceased, Md.	lived, if institution: 13b COUNTY Ha	rford I	3c. CITY OR T Pores	OWN 13d. INSIDE	NO X	13e. STREET AND NU 1331 W.	MBER Jarr	ettsv	rille
1	14. FATHER'S NAME Ch	First	Middle	Hende		MOTHER'S MAIDEN NA Amel	-	1	Middle W.	heele	Lost P
	16a. WAS DECEASED EV (Yes, na, orugknawn	ER IN U.S. ARMED		b. SOCIAL SECURITY NO 212-32-25		ormant E. Allar	Zin		3710	Phoen Summ	
	PART I. DEAI 42 Conditions, if any rise to immedia stating the under	TH WAS CAUSED B' IMMEDIATE Y, which gave te cause (a), erlying cause	Y: CAUSE (a) DUE TO, OR AS A (b) DUE TO, OR AS A	A CONSEQUENCE OF	de	reare		TION GIVEN IN PART 1(a		7.00	esse and death
	190. DATE OF OPER	ATION 19b. COM	NDITION FOR WHICH	OPERATION WAS PERF	ORMED	2Da. AUTOPSY? YES \ N	0 🗆	2Db. IF YES, WERE FI CAUSES OF DEATH?	NDINGS CONS	SIDERED IN CE	ERTIFYING
	S OR CONTRIBUTING	CAUSE OF DEATH medical examiner)	HOUR A.M. A	Manth Day Year		INJURY OCCURRED	(Enter natu	re af injury in Port 1 a	r Port 2, Iter	n 18.)	
	While Not work at work 22a. I certify	hile 🔲	boseitat) attend	HOME, FARM, STREET, FACTO FICE BUILDING, ETC.	fram		19.81	, ta		County	(I) (we) last
	22b. Signoyore	tated abave, ((we) (did) (did)	d hat) view the bo	ady after de	ATTENDING PHYS.	MED. DIRECT	STAFF C	22c. DA		y 2
	274 PRVSICIAN'S NÁME (Type))		Too NAME OF ST	WETERN OF C	22e. ADDRESS	100	LOCATION (CIA - T		(C	/SA-AS)
	23a. BURIAL, CREMATIC REMOVAL (Specify	ial 8/	6/82	Clynma			P	LOCATION (City or To hothix		(County)	(State) Md.
	24. FUNERAL DIRECTOR M. Glado	len Kur	tz III	Jarrett	svill	e, Md	C'D BY REC	61080 7	DISTRAK S SI	ONATUKE.	

DHMH - 16 3/72 25M (VR A15 (4))

retained by the haspital ar attending physician.



requires that the death certificate be executed within 24 hours after death. Page 4 may be

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL OR ATTENDING PHYSICIAN: The International by the hospital or ottending physicion.

DHMH - 16 50M 4/ (VRA 15, 4)

	DECEASED NAM	ME FIRST		MIDDLE		LAST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOL
1	(TYPE OR PRINT)	DAISY		B.		ZUELCH	08/28/	1828-	2 Y- YZ	4
3.	3. SEX		4. RACE		5. DATE O		6. AGE IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER
	All Control	emale		nite	Ap	ril 17, 1894	88	YRS		
5	o. BIRTHPLACE COUNTRY) Maryle	and	U.S	WHAT COUNTRY?	WIDOWE		BALT		COUNTY	7
8	TOWSO	N	SAINT	JOSEPH JOSEPH	H HOS	PITAL		CUPATION MOST OF WORKING PWIFE	3 LIFE) 12b. KIND (
	Maryland		R OTHER INSTITUTION NTY	. GIVE RESIDENCE BEFOR 13c. CITY OR TOW Baltim		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADD	oress 05 Lator	na Road	212
20	1. FATHER'S NAM FIRST	George	MIDDLE W.	Rice		15. MOTHER'S MAIDEN NAME FIRST Bet	tie "	DDLE Spec		st Co
1 1		ED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
1	NO NO OR UNK	1		216-07-	5092D	Lucretia Z	uelch 2	705 Lat	ona Rd.	212
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